2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# L07000040964

Entity Name: HGKR GROUP LLC

Current Principal Place of Business:

17850 NE 5TH AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

17850 NE 5TH AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HELMS, WADE
17850 NE 5TH AVENUE
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: HELMS, WADE
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGRM ( ) Change (X) Addition
Name: GOODSON, DEAN
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGRM ( ) Change (X) Addition
Name: KELLY, JOSEPH
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGRM ( ) Change (X) Addition
Name: ROBERTS, BOB
Address: 17850 NE 5TH AVENUE
City-St-Zip: MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WADE HELMS MGRM 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date