

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078539

Entity Name: HZEG, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

7101 TPC DRIVE STE 145
ORLANDO, FL 32822

New Principal Place of Business:

9600 SATELLITE BLVD STE 120
ORLANDO, FL 32837

Current Mailing Address:

8615 FLORIDA ROCK ROAD
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 26-0621408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ERRINGTON
12609 BROLEMAN AVE
ORLANDO, FL 32832 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: VP (X) Delete
Name: VOJTECH, ZAMECNIK
Address: 8010 VILLAGE GREEN ROAD
City-St-Zip: ORLANDO, FL 32818 US

Title: MGR () Delete
Name: GRAVES, KELLY
Address: 178 SHERWOOD DRIVE BLECHLE
City-St-Zip: MILTON KEYNES, MK MK36HZ UK

Title: MGMR () Delete
Name: ROBUID INVESTMENTS LLC
Address: 7087 GRAND NATIONAL DRIVE, SUITE 100
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELLY GRAVES

MGR

04/28/2009

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