2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# L08000101118

Entity Name: HLP PROPERTIES AT THE VILLAGES HOLDINGS, LLC

Current Principal Place of Business:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 26-3710006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, RICHARD
999 YAMATO ROAD
THIRD FLOOR
BOCA RATON, FL 33431 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: MGR ( ) Delete
Name: KOSLOW, HOWARD
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete
Name: LEDER, LAWRENCE
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR ( ) Delete
Name: BARONOFF, PETER
Address: 999 YAMATO ROAD, THIRD FLOOR
City-St-Zip: BOCA RATON, FL 33431 US

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: HOWARD B KOSLOW MGR 02/26/2009

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