File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 99 APR 26 AM 1:32 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # 198000001973 HGL INVESTMENTS, L.L.C.
555 WEST GRANADA BLVD., SUITE A-3

OUND BEACH FL 32174 1s. Principal Place of Business Address 555 WEST GRANADA BLVD., SUIT ORMOND BEACH FL 32174 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 09/23/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3534830 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32115 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE [Registered Agent Accepting Appointment] (NOTE Registered Agent signature required when redistaling) 10, Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM LENNARTZ, JOSEPH V 555 WEST GRANADA BLVD., SU ORMOND BEACH FL MGRM HAYES, RONALD E TRUSTE 555 WEST GRANADA BLVD., SU ORMOND BEACH FL TRU 555 WEST GRANADA BLVD., SU ORMOND BEACH FL MGRM GARTHE, J. STEVEN 7#nnnn2866357~ -05/07/99--01017--011 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 empoyered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an

OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

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