2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002361

1. Entity Name

THE HS GROUP LC

Principal Place of Business 7585 LA CORNICHE CIRCLE BOCA RATON, FL 33433 Mailing Address

C/O HSS PARTNERS L.L.C. 4801 W. GOLF RD., #200 SKOKIE, IL 60077

FILED Feb 15, 2005 8:00 am Secretary of State

02-15-2005 90049 034 ****50.00



01262005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
65-0813148		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KIRSCHNER, KENNETH 15200 JOG ROAD, SUITE 4A DELRAY BEACH, FL 33446

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2/10/05

Daytime Phone #

BELOW BENOMINE GOVID	IN THIS SPACE			
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	 ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept			
SIGNATURE	d Agent signature required when reinstating) DATE			
Filling Fee Is \$50.00 Due by May 1, 2005				
9. MANAGING MEMBERS/MANAGERS	The same of the sa			
MGR NAME SAYWITZ, HERBERT STREET ADDRESS OITY-ST-ZIP FT LAUDERDALE, FL 33308				
TITLE NAME STREET ADDRESS: CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-21P	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemple indicated on this report is true and accurate and that my signature shall have the same limited liability company or the reference or trustee empowered to execute this peoprt a	emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information elegal effect as if made under oath; that I am a managing member or manager of the srequired by Chapter 608, Florida Statutes.			

AUTHORIZED REPRESENTATIVE