


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000000322 1. Entity Name HG BEAUFORT LAND, L.C.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -9 AM 9:46

Principal Place of Business 13080 MARSH LANDING PALM BEACH GARDENS, FL 33418	Mailing Address 6231 PGA BOULEVARD SUITE 104-#393 PALM BEACH GARDENS, FL 33418
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02182008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0892870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIMELSTOB, HERBERT
 13080 MARSH LANDING
 PALM BEACH GARDENS, FL 33418

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIMELSTOB, HERBERT 13080 MARSH LANDING PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EPSTEIN, WILLIAM L 2300 GLADES ROAD, SUITE 400 EAST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

600129447026
05/14/08--01015--021 **277.50

600129447026
05/14/08--01015--022 **11.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Herbert Gimelstob Date: 3-25-08 Daytime Phone #: 5617897000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/13/08