



FILED
Apr 30, 2007 08:00 A
Secretary of State

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------|
| DOCUMENT # L99000007380 1. Entity Name HC EQUITIES, LLC | |  | |
| Principal Place of Business 4201 VINELAND RD. STE I-14 ORLANDO, FL 32811 | | Mailing Address 4201 VINELAND RD. STE I-14 ORLANDO, FL 32811 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 04092007No Chg-LLC CR2E083 (11/05) | |
| | | 4. FEI Number 59-3607097 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FALCONER, MATTHEW J 4201 VINELAND RD. STE I-14 ORLANDO, FL 32811 | | 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | <div>1100000748887 05/17/07-80085-022 150.00</div> DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FALCONER, MATTHEW J 4201 VINELAND RD, STE I-14 ORLANDO, FL 32811 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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 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 606, Florida Statutes. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____ | | | |