

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90150 003 \*\*\*\*50.00

**DOCUMENT # M00000002237**

1. Entity Name  
HP FUND MANAGEMENT, LLC



Principal Place of Business  
72640 GOLDEN GATE PKWY  
#205  
NAPLES, FL 34105

Mailing Address  
72640 GOLDEN GATE PKWY  
#205  
NAPLES, FL 34105

**24064498**



2. Principal Place of Business

2640 GOLDEN GATE PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.  
205

Suite, Apt. #, etc.

01122004 Chg-LLC CR2E083 (10/03)

City & State  
NAPLES, FL

City & State

4. FEI Number  
59-3665136

Applied For  
Not Applicable

Zip  
34105

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HEDGES, JAMES R  
2640 GOLDEN GATE PKWY #205  
NAPLES, FL 34105 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #