

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000005357

1. Entity Name
HPA, LLC



Principal Place of Business
4010 BOY SCOUT BOULEVARD, SUITE 580
TAMPA, FL 33607

Mailing Address
4010 BOY SCOUT BOULEVARD, SUITE 580
TAMPA, FL 33607



DO NOT WRITE IN THIS SPACE

02042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1902591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOCKBERGER, TODD
HPA, LLC
4010 BOY SCOUT BOULEVARD, SUITE 580
TAMPA, FL 33607

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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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1000000292499
04/07/05-80074-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PADRON, DENNIS V
STREET ADDRESS	22 CORTLANDT STREET, 33RD FLOOR
CITY-ST-ZIP	NEW YORK, NY 10007
TITLE	MGR
NAME	WOTTON, JOHN H
STREET ADDRESS	THE OCTAGON, 35 BAIRD STREET, GLASGOW
CITY-ST-ZIP	G4 DEE UK,
TITLE	MGR
NAME	JUNOLD, HELGA E
STREET ADDRESS	1044 NORTHERN BOULEVARD SUITE 305
CITY-ST-ZIP	ROSLYN, NY 11576
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

Daytime Phone #