

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000012855

**Entity Name:** HFREI1, LLC

**Current Principal Place of Business:**

9959 TRAILRIDGE DR.  
SHREVEPORT, LA 71106

**Current Mailing Address:**

9959 TRAILRIDGE DR.  
SHREVEPORT, LA 71106

**FEI Number:** 86-1057019

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMILTON, JACK S  
715 SOUTH HIMES  
TAMPA, FL 33609 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name TRICHEL, LEE  
Address 9959 TRAILRIDGE DR.  
City-State-Zip: SHREVEPORT LA 71106

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LEE TRICHEL

MGRM

02/10/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date