


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90035 046 ****50.00

DOCUMENT # L01000020345 1. Entity Name HASPEL FAMILY ENTERPRISES, L.L.C.	
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Principal Place of Business 1814 NE MIAMI GARDENS 701 MIAMI, FL 33179	Mailing Address 1814 NE MIAMI GARDENS DR #701 N. MIAMI BEACH, FL 33179
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60030555



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03072007 No Chg-LLC CR2E083 (11/05)

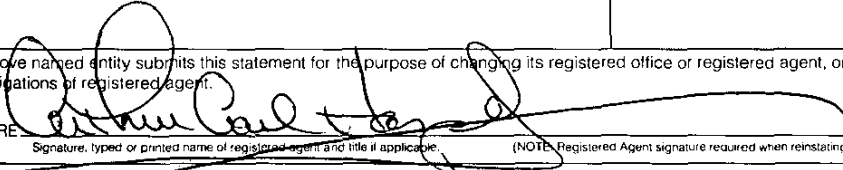
4. FEI Number 03-0375048	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HASPEL, ARTHUR
1814 NE MIAMI GARDENS DR #701
N MIAMI BEACH, FL 33179

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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:  DATE: 3/2/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

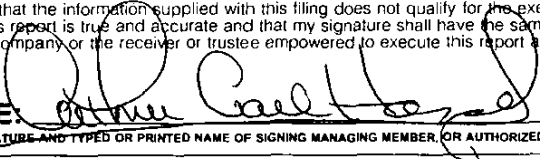
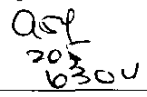
Filing Fee is \$50.00
Due by May 1, 2007.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASPEL, ARTHUR C 1814 NE MIAMI GARDENS DR #701 MIAMI, FL 33179
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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:  Arthur HASPEL 3/7/07 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #