


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000020345

1. Entity Name
HASPEL FAMILY ENTERPRISES, L.L.C.



Principal Place of Business Mailing Address

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



01202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For
 03-0375048 Not Applicable

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

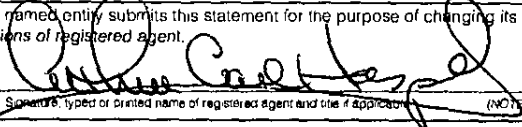
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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:  DATE: 2-11-08

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

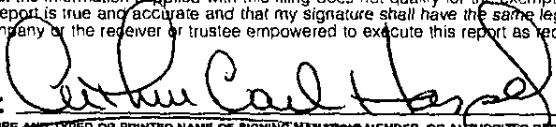
U00000929871
 02/26/08-80060-012 138.75

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:  manager Date: 2/11/08 Daytime Phone #: 9547056304

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