


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90073 019 \*\*\*\*55.00

<b>DOCUMENT # L02000021670</b> 1. Entity Name HFA DEVELOPMENT GROUP LLC	
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Principal Place of Business 2103 CORAL WAY 302 MIAMI, FL 33145	Mailing Address 2103 CORAL WAY 302 MIAMI, FL 33145
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**DO NOT WRITE IN THIS SPACE**

01082004 No Chg- LLC

CR2E083 (10/03)

4. FEI Number 30-0117192	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LOPEZ, GUSTAVO 2103 CORAL WAY SUITE #302 MIAMI, FL 33145
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**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 \_\_\_\_\_  
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, GUSTAVO 10700 SW 116 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, JUANITA 2103 CORAL WAY STE 302 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLUCH, JAVIER 2103 CORAL WAY SUITE 302 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLUCH, JORGE 2103 CORAL WAY SUITE 302 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(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:** *Juanita Lopez* 01/20/04 305 285 5188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #