2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021670

1. Entity Name
HFA DEVELOPMENT GROUP LLC

Principal Place of Business	Mailing Address
2103 CORAL WAY 302 MIAMI, FL 33145	2103 CORAL WAY 302 MIAMI, FL 33145

05052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0117192
Applied For
Not Applicable

5. Certificate of Status Desired [X] **$5.00** 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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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 September 7, 2005

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

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05/03/05-80027-018 55.00

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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 4/25/05 305 285 5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #