


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000002490</b>	
1. Entity Name <b>H &amp; M DEVELOPMENT, L.L.C.</b>	

Principal Place of Business <b>16311 NW 52 AVENUE MIAMI, FL 33014 US</b>	Mailing Address <b>16311 NW 52 AVENUE MIAMI, FL 33014 US</b>
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**DO NOT WRITE IN THIS SPACE**



03152007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>48-1298807</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**DORNBUSCH, HARRY  
3117 NE 210 STREET  
AVENTURA, FL 33180**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

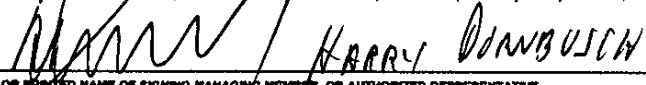
U00000687621  
04/10/07-80046-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DORNBUSCH, HARRY 3117 NE 210 STREET AVENTURA, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DORNBUSCH, MORRIS 16311 NW 52 AVENUE MIAMI, FL 33014</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 exemptions contained in Chapter 119, Florida Statutes. I further certify that 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 of limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **HARRY DORNBUSCH**    3/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE