

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011753

FILED
Jan 05, 2005
Secretary of State

Entity Name: THE HIALEAH GROUP, L.L.C.

Current Principal Place of Business:

908 SOUTH BRUCE STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

908 SOUTH BRUCE STREET
TAMPA, FL 33606

New Mailing Address:

FEI Number: 03-0513123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURTER, CHARLES
908 SOUTH BRUCE STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: COURTER, STEPHEN F
Address: 3616 EAST CLARK CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: GULFSTREAM CAPITAL L, LC
Address: 231 LAZY OAK LANE
City-St-Zip: MANAHAWKIN, NJ 08050 US

Title: MGRM () Delete
Name: COURTER, CHARLES A
Address: 908 SOUTH BRUCE ST
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES A. COURTER

MGRM

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date