

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90028 043 ****50.00

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04162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000018582					
1. Entity Name HBO OLE ACQUISITIONS, LLC					
Principal Place of Business 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146			Mailing Address 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SARIEGO, JOSE 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COMAS, GASTON 4000 PONCE DE LEON BLVD, 8TH FLOOR CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERAZA, LUIS 4000 PONCE DE LEON BLVD, 8TH FLOOR CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARIEGO, JOSE 4000 PONCE DE LEON BLVD, 8TH FLOOR CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORKINGTON, DAVID 4000 PONCE DE LEON BLVD, 8TH FLOOR CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASPAR, PIERRE 13801 NW 14 Street Sunrise, FL 33323 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAGANI, JOSE MANUEL 4000 Ponce de Leon Blvd, 8th Floor Coral Gables, FL 33146 ☐ Change ☒ Addition		
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: <u>Jose Sariego</u>		Date: <u>4/17/07</u>		Daytime Phone #: <u>305-648-8100</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					