2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008
Secretary of State

DOCUMENT# L04000018582

Entity Name: HBO OLE ACQUISITIONS, LLC

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., STE. 800
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD., STE. 800
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SARIEGO, JOSE
4000 PONCE DE LEON BLVD., STE. 800
CORAL GABLES, FL 33146 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	COMAS, GASTON	
Address:	4000 PONCE DE LEON BLVD, 8TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	PERAZA, LUIS	
Address:	4000 PONCE DE LEON BLVD, 8TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	SARIEGO, JOSE	
Address:	4000 PONCE DE LEON BLVD, 8TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	TORKINGTON, DAVID	
Address:	4000 PONCE DE LEON BLVD, 8TH FLOOR	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	JASPAR, PIERRE	
Address:	13801 NW 14 STREET	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	(X) Delete
Name:	PAGANI, JOSE MANUEL	
Address:	4000 PONCE DE LEON BLVD, 8TH FLOOR	
City-St-Zip:	MIAMI, FL 33146	

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:	
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 exemption stated in Chapter 119, 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: JOSE SARIEGO MGR 07/21/2008

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