2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001280

1. Entity Name
HFA GLOBAL LLC

Principal Place of Business	Mailing Address
777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST TOWER WEST PALM BEACH, FL 33401	777 SOUTH FLAGLER DRIVE, SUITE 1000 EAST TOWER WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0687830
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	NOONAN, CHARLES T
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 1000
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	STEINBERG, EDWARD L
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 1000
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGR
NAME	LAUER, ELIOT
STREET ADDRESS	101 PARK AVENUE, 35TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80121-020 50.00

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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: _____ 4/29/05 561-514-3907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #