

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90202 009 ****55.00

DOCUMENT # M04000000405

1. Entity Name
HS-MIAMI FL, LLC



Principal Place of Business
303 PEACHTREE ST, 24TH FLOOR
ATLANTA, GA 30308

Mailing Address
303 PEACHTREE ST, 24TH FLOOR
ATLANTA, GA 30308

20024492



2. Principal Place of Business

1975 West State Road 426
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 620257
Suite, Apt. #, etc.

03112005 Chg-LLC CR2E083 (10/03)

City & State
Oviedo, FL

Zip
32765

Country
U.S.A.

City & State
Oviedo, FL

Zip
32762-0257

Country
U.S.A.

4. FEI Number
59-0700499

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

7. Name and Address of New Registered Agent

Name
Tracy Duda Chapman
Street Address (P.O. Box Number is Not Acceptable)
1975 West State Road 426
City
Oviedo FL Zip Code
32765

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

[Signature]

Tracy Duda Chapman

3-16-05

Filing Fee is \$30.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNTRUST EQUITY FUNDING, LLC 303 PEACHTREE ST, 24TH FLOOR ATLANTA, GA 30308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr A. Duda & Sons, Inc. 1975 W. SR 426 Oviedo, FL 32765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mark Engwall Mark Engwall

3/15/05

(407) 365 - 2111

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

Date

Daytime Phone #