2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M0400000405 1. Entity Name					03-24-2005 90202 009 ****55.00				
HS-MIAMI									
Principal Place	of Business	Mailing Address							
303 PEACHTREE ST, 24TH FLOOR ATLANTA, GA 30308 303 PEACHTREE ST, 24TH FLOOR ATLANTA, GA 30308					20024492				
2. Dringing Pt	ace of Business	3 Mailian Address						 	
•	est State Road 126	3. Mailing Address P.O. Box 62025	7			 			II. HI 1 11
Suite, Apt.		Suite, Apt. #, etc.	·		03112005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State			4. FEI Numb				olied For
Oviedo,	Country	Oviedo, FL	Country		29-0	700499		Not 5.00 Addi	Applicable
32765	U.S.A.	1 ' - 1	U.S.A.		5. Certificate	of Status Desired		ee Required	
	6. Name and Address of Current F	<u> </u>			7. Name and	d Address of New	Registered A	gent	
C T CORR	ORATION SYSTEM		Name The	eou l	hida Cha	ากพอก			,
1200 SOUT	Street A	Tracy Duda Chapman et Address (P.O. Box Number is Not Acceptable) 1975 West State Road 426							
	•		1						
			City	iedo			FL	Zip Code 32765	•
	named entity submits this statement for	the purpose of changing its re			ed agent, or be	oth, in the State of	Florida. I am fa		
the obligati	ons of registered agent.		Λ <i>I</i>	~ 1			2-110-		
SIGNATURE .	Shinature, typed or printegrative of registered agout a	nd title if applicable. (NOTE: R	Cy Duda legistered Agent signati	Cha.	MAN when reinstating)		DATE C	<u> </u>	
Fi Di	ling Fee is \$30.00 ue by May 1, 2005						ake check pa ida Departme		
Fi Du	ling Fee is \$50.00 ue by May 1, 2005	RS/MANAGERS	10.			Flor			
9. 11TLE	MANAGING MEMBE	XIX Delete	TITLE	Mgr		Flor	ida Departme		■ Addition
9. TITLE NAME	MANAGING MEMBE MGRM SUNTRUST EQUITY FUNDING,	XIX Delete	TITLE NAME	Α.		ADDITION Sons, Inc	ida Departme	ent of State	
9. 11TLE	MANAGING MEMBE	XIX Delete	TITLE	197	5 W. SR	ADDITION Sons, Inc. 426	ida Departme	ent of State	
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11. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Fluther 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 3/15/05 (407) 365 - 2111

BIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date Date Decide De