2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000847

1. Entity Name
HCD DEVELOPERS, LLC

Principal Place of Business	Mailing Address
2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327 US	2900 GLADES CIRCLE SUITE 850 WESTON, FL 33327 US

02282006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0552981
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOVAR, JOSE GREGORIO
ARIAS TOVAR & ASSOCIATES, P.A.
WESTON TOWN CTR, 1725 MAIN ST, STE 209
WESTON, FL 33326

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HERNANDEZ, LUIS
STREET ADDRESS	2900 GLADES CIRCLE SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	HERNANDEZ, MARTHA
STREET ADDRESS	2900 GLADES CIRCLE SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	BRICENO, RAUL
STREET ADDRESS	2900 GLADES CIRCLE SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	BRICENO, ELIZABETH
STREET ADDRESS	2900 GLADES CIRCLE SUITE 850
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06 80056-001 50.00

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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: _____ March 3, 2006 954-349035/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #