


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90037 046 ****50.00

DOCUMENT # L02000025105	
1. Entity Name HECTARE, L.L.C.	

Principal Place of Business 8930 S.W. 115TH TERRACE MIAMI, FL 33176	Mailing Address 8930 S.W. 115TH TERRACE MIAMI, FL 33176
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2. Principal Place of Business 8930 S.W. 115th Terrace	3. Mailing Address 8930 S.W. 115th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami, FL 33176	City & State Miami, FL 33176
Zip 33176	Country USA



04182006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent KRINZMAN, ALAN 2601 S BAYSHOTE DRIVE STE. 1600 MIAMI, FL 33133	
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7. Name and Address of New Registered Agent Name Alan E. Krinzman Street Address (P.O. Box Number is Not Acceptable) 8930 S.W. 115th Terrace City Miami FL Zip Code 33176	
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 <u><i>Alan E. Krinzman</i></u> DATE <u>4/22/06</u> <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRINZMAN, ALAN E 8930 S.W. 115TH TERRACE MIAMI, FL 33176 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Alan E. Krinzman</i></u> MGR <u>4/22/06</u> <u>(305) 351-1070</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>