


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 004 \*\*\*\*50.00

DOCUMENT # L06000071875							
1. Entity Name H&A GRAND BAY, LLC							
Principal Place of Business 757 NORTHWEST 27TH AVE 204 MIAMI, FL 33125 US			Mailing Address 757 NORTHWEST 27TH AVE 204 MIAMI, FL 33125 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	04282007 Chg-LLC CR2E083 (12/06) 4. FEI Number <u>20-525377</u> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
AGUILAR, RICHARD 757 NW 27TH AVENUE 204 MIAMI, FL 33125			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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>R. Aguil</u>		Registered Agent Signature: <u>Rey Agent</u>		DATE: <u>4/28/07</u>			
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, 2007		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	AGUILAR, RICHARD	NAME					
STREET ADDRESS	757 NORTHWEST 27 AVE, SUITE 204	STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP					
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	HOYOS, ORLANDO	NAME					
STREET ADDRESS	757 NORTHWEST 27 AVE, SUITE 204	STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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>[Signature]</u>		DATE: <u>4/28/07</u>		DAYTIME PHONE: <u>305-631-8700</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #			