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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT		Apr 21, 2008 8:00 an Secretary of State
	·	secretary or state
DOCUMENT # L05000043800		04-21-2008 90313 050 ***138.75

1. Entity Name HALLANDALE FIRST, LLC 60025925 Principal Place of Business Mailing Address 555 WASHINGTON AVENUE 555 WASHINGTON AVENUE MIAMI BEACH, EL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1005 BISCOUNCE 100 S. Biscayne Blod Suite, Apt. #, etc.
Ste 900 Suite, Apt. #, etc. 04092008 CR2E083 (12/06) Cha-LLC 5te 900 City & State City & State 4.\_FEI Number Applied For mami man 20-2787743 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A. 250 WEST FLAGVER STREET, S SUITE 2200, MUSEUM TOWER MAMI, FL 33120 HO110 O. Box Number is Not Acceptable) in submits his 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 8. The above named er the obligations of reg SIGNATURE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGRUM FITLE -marm ☐ Délete TITLE Addition H & H FLORIDA INVESTMENTS, LLC NAME NAME STREET ADDRESS 425 EAST 61 ST., 4TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10021 CITY-ST-ZIP MBRM TW J HAllandAle first LLC Change TITLE Defete TITLE Addition NAME NAME Ste 900 100 S. Biscoyne Blud. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI Pl 33/3/ TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information occurate 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information sindicated on this report is true and a timited liability company or the red .0 F SIGNATURE: SIGNATURE AND TYPED OR MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylima Phone #