2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L00000006110

Entity Name: HAA PREFERRED PARTNERS, L.L.C.

Current Principal Place of Business:

703 WATERFORD WAY
SUITE 390
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

703 WATERFORD WAY
SUITE 390
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-1012317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHERNYS, GRISELLE
703 WATERFORD WAY
SUITE 390
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CHERNYS, GRISELLE	
Address:	10 EDGEWATER DRIVE APT. 5H	
City-St-Zip:	CORAL GABLES, FL 33133	
Title:	MGR	(X) Delete
Name:	KHANT, EINDAR	
Address:	5662 S.W. 1 CT.	
City-St-Zip:	PLANTATION, FL 33317	
Title:	MGR	(X) Delete
Name:	TORRES, VIVIAN C	
Address:	1020 SCARLET OAK STREET	
City-St-Zip:	HOLLYWOOD, FL 33019	
Title:	MGR	(X) Delete
Name:	FELIZOLA, MARVIN	
Address:	16562 SW 97 TERR	
City-St-Zip:	MIAMI, FL 33196	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	AXA ASSISTANCE USA H, OLDING, INC.	
Address:	122 S. MICHIGAN AVENUE, STE. 1100	
City-St-Zip:	CHICAGO, IL 60603	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: OLIVIER VAN POPERINGHE,CEO CEO 01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date