


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90152 008 ****50.00

DOCUMENT # L00000008479					
1. Entity Name HNI REALTY, LC					
Principal Place of Business C/O ILEANA ECHEVARRIA 5910 WEST THIRD LANE HIALEAH FL 33012			Mailing Address C/O ILEANA ECHEVARRIA 5910 WEST THIRD LANE HIALEAH FL 33012		
2. Principal Place of Business - No P.O. Box # 380 W. 21st.		3. Mailing Address 380 W. 21st.			
Suite, Apt. #, etc. HIALEAH FL.		Suite, Apt. #, etc. HIALEAH FL.			
City & State		City & State			
Zip 33010	Country MIAMI - DADE	Zip 33010	Country MIAMI - DADE	4. FEI Number 26-6438245	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ECHEVARRIA, ILEANA 5910 W. 3 LANE HIALEAH FL 33012			7. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reconstituting)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ECHEVARRIA, ILEANA 5910 W. 3 LANE HIALEAH FL 33012 <i>change address</i>	<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 Section 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: 

2-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #