


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90192 017 \*\*\*\*50.00

<b>DOCUMENT #</b> L01000001246	
1. Entity Name HYERDALE ASSOCIATES, LLC	

Principal Place of Business 13271 SW 57TH COURT MIAMI, FL 33156	Mailing Address P.O. BOX 561689 MIAMI, FL 33156
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2. Principal Place of Business 6440 SW 85 ST	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State
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Zip 33143	Country US	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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RICHARDS, VICTOR 13211 SW 57 CT. MIAMI, FL 33156	Name Toby Richards Street Address (P.O. Box Number is Not Acceptable) 6440 SW 85 ST City MIAMI FL Zip Code 33143
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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 Toby Richards (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005	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	P RICHARDS, VICTOR PO BOX 561689 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, TOBY PO BOX 561689 MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDS, TOBY PO BOX 561689 MIAMI, FL 33156 <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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Toby Richards 305 665 4441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #