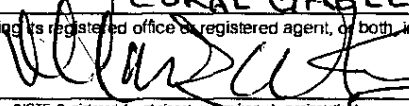


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90147 027 *****55.00

DOCUMENT # L01000013723					
1. Entity Name H & N REAL INVESTMENTS, LC					
Principal Place of Business 780 NW 42 AVE 516 MIAMI, FL 33126			Mailing Address 780 NW 42 AVE 516 MIAMI, FL 33126		
2. Principal Place of Business 5501 N. OCEAN DR.		3. Mailing Address PO BOX 0484			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HOLLYWOOD FL		City & State MIAMI FL		4. FEI Number 65-1129507	
Zip 33019		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIEDRA, AURELIO A 780 NW 42 AVE. #516 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name: MARK W. KAY Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE HWY. Suite 870 City: CORAL GABLES FL Zip Code: 33146			
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: MARK W. KAY ESQ.  8/4/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NARANJO, JAVIER 780 NW 42 AVE. MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M NARANJO, JAVIER 2780 N. SURF RD Hollywood FL 33019	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIDALGO, ERNESTO 780 NW 42 AVE. MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M HIDALGO, ERNESTO 1010 DIPLOMAT PKWY HALLANDALE FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  JAVIER NARANJO			8/2/04 954.334.0800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		