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	Mailing Address
780 NW 42 AVE 516 MIAMI, FL 33126	780 NW 42 AVE 516 MIAMI, FL 33126

08022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5501 N. OCEAN DR.	PO BOX 0484
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD FL	City & State: MIAMI FL
Zip: 33019 Country: USA	Zip: 33256 Country: USA

4. FEI Number: 65-1129507 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIEDRA, AURELIO A 780 NW 42 AVE. #516 MIAMI, FL 33126	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	MGRM 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	MGRM HIDALGO, ERNESTO 1010 DIPLOMAT PKWY HALLANDALE FL 33009	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 #