



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000014703</b> 1. Entity Name <b>HIALEAH GARDENS RE, L.L.C.</b>		
Principal Place of Business <b>803 N CALHOUN ST TALLAHASSEE FL 32303</b>		Mailing Address <b>803 N CALHOUN ST TALLAHASSEE FL 32303</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	 MOORE CR2E083 (11/03)
City & State  Zip Country		4. FEI Number <b>65-1133481</b>
6. Name and Address of Current Registered Agent  <b>MACK, THEODORE E 803 N CALHOUN ST TALLAHASSEE FL 32303</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

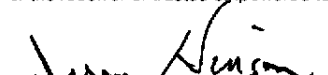
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, THEODORE E	NAME	
STREET ADDRESS	803 N CALHOUN ST	STREET ADDRESS	U00000066146
CITY - ST - ZIP	TALLAHASSEE FL 32303	CITY - ST - ZIP	02/26/04-80003-001 50.00
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINSON, JERRY W	NAME	
STREET ADDRESS	803 N CALHOUN ST	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	CITY - ST - ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSESNIUS, ANNETTE B	NAME	
STREET ADDRESS	803 N CALHOUN ST	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKCOURT, L.L.C.	NAME	
STREET ADDRESS	803 N CALHOUN ST	STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL 32303	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:**  **Jerry Hinson, Manager** 2/19/2004 850-638-4654