

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016161

Entity Name: HKP FINANCIAL LLC

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

15327 N.W. 60 AVE., STE. 245
MIAMI LAKES, FL 33014

New Principal Place of Business:

15291 N.W. 60 AVE., STE. 200
MIAMI LAKES, FL 33014

Current Mailing Address:

15327 N.W. 60 AVE., STE. 245
MIAMI LAKES, FL 33014

New Mailing Address:

15291 N.W. 60 AVE., STE. 200
MIAMI LAKES, FL 33014

FEI Number: 65-1138921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HURWITZ, NORMAN
C/O HKP FINANCIAL LLC
15327 60TH AVE., STE. 245
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

HURWITZ, NORMAN
C/O HKP FINANCIAL LLC
15291 N.W. 60TH AVE., STE. 200
MIAMI LAKES, FL 33014 US

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.

SIGNATURE: NORMAN HURWITZ

03/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HURWITZ, NORMAN
Address: 9200 W. BAY HARBOR DR. #3A
City-St-Zip: MIAMI BEACH, FL 33154

Title: MGR () Delete
Name: KROLL, JOHN
Address: 17864 NW 15TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN HURWITZ

MGR

03/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date