


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90212 044 \*\*\*\*50.00

<b>DOCUMENT # L02000002888</b>	
1. Entity Name <b>HIBOU REALTY, LLC</b>	

Principal Place of Business <b>2665 SOUTH BAYSHORE DRIVE SUITE 1001 COCONUT GROVE, FL 33133</b>	Mailing Address <b>2665 SOUTH BAYSHORE DRIVE SUITE 1001 COCONUT GROVE, FL 33133</b>
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**20031607**

2. Principal Place of Business <b>3701 BATTERSEA ROAD</b>	3. Mailing Address <b>PO Box 432520</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>COCONUT GROVE, FL</b>	City & State <b>MIAMI, FL</b>
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Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33243</b>	Country <b>USA</b>
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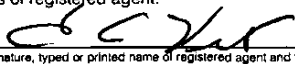
03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0799910</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>VITIER, EBERTO A 2665 SOUTH BAYSHORE DRIVE SUITE 1001 COCONUT GROVE, FL 33133</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3701 BATTERSEA ROAD</b> City <b>COCONUT GROVE, FL</b> Zip Code <b>33133</b>	
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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  <b>EBERTO A. VITIER</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JUNCADELLA, AMADEO N <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, STE 1001 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3701 BATTERSEA ROAD COCONUT GROVE, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VITIER, EBERTO A <input type="checkbox"/> Delete 2665 SOUTH BAYSHORE DRIVE, STE 1001 COCONUT GROVE, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3701 BATTERSEA ROAD COCONUT GROVE, FL 33133</b>
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:  <b>EBERTO A. VITIER</b>	Date _____	Daytime Phone # <b>305-665-3500</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		