

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-09-2004 90147 026 \*\*\*\*55.00

**DOCUMENT # L02000004414**

1. Entity Name  
H & N FRIENDLY ESTATE, LC



Principal Place of Business  
780 NORTHWEST LEJEUNE ROAD, STE. 516  
MIAMI, FL 33126

Mailing Address  
780 NORTHWEST LEJEUNE ROAD, STE. 516  
MIAMI, FL 33126

2. Principal Place of Business  
5501 N. OCEAN DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 0484  
Suite, Apt. #, etc.



08022004 Chg-LLC CR2E083 (10/03)

City & State  
Hollywood FL  
Zip 33019 Country USA

City & State  
Miami FL  
Zip 33256 Country USA

4. FEI Number  
01-0628905  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PIEDRA, AURELIO A  
780 NW LEJEUNE RD.  
#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 file if applicable. (NOTE: Registered Agent signature required when revoking.) DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARANJO, JAVIER 780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIDALGO, ERNESTO 780 NORTHWEST LEJEUNE ROAD, STE. 516 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARANJO, JAVIER 2780 N. SURF ROAD Hollywood, FL 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.

SIGNATURE: JAVIER NARANJO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/2/04 954-3340800  
Date Daytime Phone #