2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

11. I hereby certify that the information supplied with indicated on this report is true and accurate and that limited liability company or the receiver or trust

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Mar 03, 2005 08:00 AM DOCUMENT # L02000007872 **Secretary of State** 1. Entity Name H & F DEVELOPMENT, LLC. Principal Place of Business Mailing Address 2189 WEST 60TH STREET 2189 WEST 60TH STREET **SUITE #205** SUITE #205 HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For City & State City & State 02-0592485 Not Applicable \$5.00 Additional Ζip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FANO, JOSE E Street Address (P.O. Box Number is Not Acceptable) 2189 WEST 60TH STREET **SUITE #205** HIALEAH FL 33016 City Zip Code 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 (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition HILE MGR Delete TITLE ☐ Change NAME NAME FANO, JOSE E 2189 WEST 60TH STREET SUITE #205 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP HIALEAH FL 33016 U00000250461 ☐ Change ☐ Addition MGR Delete TITLE TITLE 03/04/05-80009-022 55.00 HERRERA, CARLOS JR. NAME STRFFT ADDRESS STREET ADDRESS 15165 NORTHWEST 77TH AVENUE SUITE #2002 CITY-ST-ZIP MIAMI FL 33014 CITY · ST · ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Defete BBE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information that fly signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the employeered to execute this report as required by Chapter 608, Florida Statutes

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED