


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010214</b> 1. Entity Name <b>HISPANIA DEVELOPMENT, L.L.C.</b>	
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Principal Place of Business <b>209 WEST 21ST STREET HIALEAH, FL 33010</b>	Mailing Address <b>209 WEST 21ST STREET HIALEAH, FL 33010</b>
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**DO NOT WRITE IN THIS SPACE**



02212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>01-0730548</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, JOHN M ESQ.  
7600 WEST 20TH AVENUE, SUITE 220  
HIALEAH, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, MIGUEL A 209 WEST 21ST STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, MERCEDES 209 WEST 21ST STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, JAIME 209 WEST 21ST STREET HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80053-001 100.00

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:**  **MIGUEL A. SEMPERE** **(305) 888-4002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone