2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # L02000010214

HISPÁNIA DEVELOPMENT, L.L.C.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

209 WEST 21ST STREET HIALEAH, FL 33010

209 WEST 21ST STREET HIALEAH, FL 33010



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01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0730548

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOHN M ESQ. 7600 WEST 20TH AVENUE, SUITE 220 HIALEAH, FL 33016

SEMPERE, JAIME

HIALEAH, FL 33010

209 WEST 21ST STREET

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		i	
	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and little II applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMPERE, MIGUEL A 209 WEST 21ST STREET HIALEAH, FL 33010		
ITTLE NAME STREET ADDRESS DITY-ST-ZIP	MGR SEMPERE, MERCEDES 209 WEST 21ST STREET HIALEAH, FL 33010		000000678691 04/03/07-80009-006 50.00
TITLE	MGR		

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CITY-ST-ZIP TITLE NAME

11.	I hereby certify that the information supplied with/this/filing does not qualify for the exemptions contained in Chapter 119, 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 frystes empoyered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

TITLE

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE