## ... 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015147

t. Entity Name H.C.D., L.L.C.

Principal Place of Business

2900 GLADES CIR SUITE 850 WESTON, FL 33327 Mailing Address

2900 GLADES CIR SUITE B50 WESTON, FL 33327 FILED Mar 27, 2006 08:00 AM Secretary of State



02282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3691165 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HERNANDEZ, LUIS 2900 GLADES CIR. SUITE 850 WESTON, FL 33327

## DO NOT WRITE IN THIS SPACE

ð.	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 repisjared agent and the N applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2008

<del></del>	MANAGING MEMBERS/MANAGERS	
8.		
TITLE	PD	
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	1914 CEDAR COURT	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VP	
NAME	CASARIN, ARIO	
STREET ADDRESS	19621 ESTUARY DRIVE	
CATY-ST-ZAP	BOCA RATON, FL 33498	
TITLE	O	
NAME	BRICENO, RAUL	
STREET ACCURESS	2900 GLADES CIR., SUITE 850	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		
NAME		
STREET ADDRESS		
CHY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
THE		
NAME		
STREET ADDRESS		

H00000481930 04/11/06-80056-002-50.00

## DO NOT WRITE IN THIS SPACE

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 path; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HA

ED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MARCH 3,3006

954-3490351

Dayrima Phone #