2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015147 Secretary of State 1. Entity Name 03-12-2007 90484 003 ****50.00 H.C.D., L.L.C. Principal Place of Business Mailing Address 2900 GLADES CIR 2900 GLADES CIR **SUITE 850** SUITE 850 WESTON, FL 33327 WESTON, FL 33327 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E083 (12/06) Chq-LLC 4. FEI Number Applied For City & State City & State 04-3691165 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 2900 GLADES CIR. **SUITE 850** WESTON, FL 33327 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. 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES PD TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HERNANDEZ, LUIS NAME STREET ADDRESS STREET ADDRESS 1914 CEDAR COURT CITY-ST-ZIP WESTON, FL 33327 CITY-ST-7P VP. TITLE Delete TITLE ☐ Change Addition CASARIN, ARIO BRICENO NAME NAME ELIZABETH 2900 GLACE CIRCLE, SUTTE 850 STREET ADDRESS 19621 ESTUARY DRIVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33498 CITY-ST-7IP WESTON, FL, 33327 n TITLE ☐ Delete TITLE ☐ Change Addition NAME BRICENO, RAUL NAME STREET ADDRESS 2900 GLADES CIR., SUITE 850 STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME MARTHA HERNANDEZ STREET ADDRESS 850 STREET ADDRESS 2900 GLADES CIRCLE, CITY-ST-ZIP CITY-ST-ZIP WESTON TL, 33397 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FEB 17,2007

954-3490351

FILED

Mar 12, 2007 8:00 am