


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L02000025105 1. Entity Name HECTARE, L.L.C.	
---	---

Principal Place of Business 8930 S.W. 115TH TERRACE MIAMI, FL 33176	Mailing Address 8930 S.W. 115TH TERRACE MIAMI, FL 33176
---	---

DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0748639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KRINZMAN, ALAN
 8930 SW 115TH TERR
 MIAMI, FL 33176

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

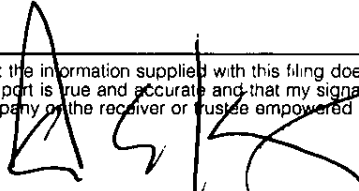
000000552112
04/16/08-80054-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	KRINZMAN, ALAN E
STREET ADDRESS	8930 S.W. 115TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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.

(305)

SIGNATURE:  Alan E. Krinzman Mgr 4/2/08 351-1070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #