
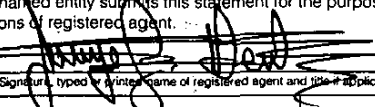
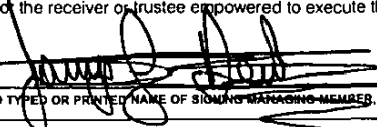


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90115 026 ****50.00

DOCUMENT # L02000030232 1. Entity Name HEFSA HOLDINGS, L.L.C.					
Principal Place of Business 21000 BOCA RIO RD. SUITE C-1 BOCA RATON, FL 33433			Mailing Address 21000 BOCA RIO RD. SUITE C-1 BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 03-0491913				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, JONATHAN 2295 NW CORPORATE BLVD BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name JORGE L. HENKLE Street Address (P.O. Box Number is Not Acceptable) 21479 HALSTEAD DRIVE City BOCA RATON FL Zip Code 33428		
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 			PRESIDENT		
(NOTE: Registered Agent signature required when reinstating)			DATE 4/19/07		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENKLE, JORGE 21479 HLSTEAD DR BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENKLE, JORGE DE MARIA 21479 HALSTEAD DR BOCA RATON, FL 33428
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4/19/07 561-482-7134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

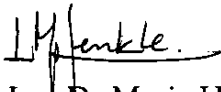
ATTACHMENT
60039675

April 19, 2007

Florida Department of State
Division of Corporations
P.O Box 1500
Tallahassee, Fl 32302

L02000030232

I, Luz De Maria Henkle, Manager of Hefsa Holding, LLC, certify that my only residency address is 21479 Halstead Drive, Boca Raton, Fl 33428 and under oath, I give my word that no other address is available.



Luz De Maria Henkle
21479 Halstead Drive
Boca Raton, Fl 33428