

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030971

FILED
Mar 21, 2006
Secretary of State

Entity Name: HOSPITALET INVESTMENTS LLC

Current Principal Place of Business:

4779 COLLINS AVENUE, APT 3803
MIAMI BEACH, FL 33140

New Principal Place of Business:

6365 COLLINS AVENUE
#3801
MIAMI BEACH, FL 33141

Current Mailing Address:

4779 COLLINS AVENUE, APT 3803
MIAMI BEACH, FL 33140

New Mailing Address:

17150 COLLINS AVENUE
SUITE 101 PMB 312
SUNNY ISLES BEACH, FL 33160

FEI Number: 04-3726840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNALDOS, JUAN A
4779 COLLINS AVENUE, APT 3803
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ASENSI REYNALDOS, JUAN
17150 COLLINS AVENUE
SUITE 101 PMB 312
SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: JUAN ASENSI REYNALDOS

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REYNALDOS, JUAN ASENSI
Address: 4779 COLLINS AVENUE, APT 3803
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASENSI REYNALDOS, JUAN
Address: 17150 COLLINS AVENUE, SUITE 101 PMB 312
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN ASENSI REYNALDOS

MGR

03/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date