

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90535 016 \*\*\*\*50.00

**DOCUMENT # L02000032593**

1. Entity Name  
**HFF L.L.C.**



Principal Place of Business  
**9050 NW 27TH AVENUE  
MIAMI, FL 33147**

Mailing Address  
**C/O M. FIGUEROA CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134-5004**

**20023185**



2. Principal Place of Business

3. Mailing Address  
**C/O M. FIGUEROA CPA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**56-2338627**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRANET, LLOYD  
2295 NW CORPORATE BOULEVARD STE. 235  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CHAMOUN, FADI**  
STREET ADDRESS **761 LAUREL LANE EAST**  
CITY-ST-ZIP **PEMBROKE LAKES, FL 33027**

TITLE **MGR** ☐ Delete  
NAME **CHAMOUN, HABIB**  
STREET ADDRESS **761 LAUREL LANE EAST**  
CITY-ST-ZIP **PEMBROKE LAKES, FL 33027**

TITLE **MGR** ☐ Delete  
NAME **CHAMOUN, FARES**  
STREET ADDRESS **761 LAUREL LANE EAST**  
CITY-ST-ZIP **PEMBROKE LAKES, FL 33027**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**FADI CHAMOUN**

**03/15/05**

**(305) 446-1120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #