

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032593

FILED
Apr 17, 2009
Secretary of State

Entity Name: HFF L.L.C.

Current Principal Place of Business:

9050 NW 27TH AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

C/O M. FIGUEROA CPA
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 331345004

New Mailing Address:

FEI Number: 56-2338627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMOUN, FADI
Address: 848 BRICKELL KEY DR APT 3702
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: CHAMOUN, HABIB
Address: 761 LAUREL LANE EAST
City-St-Zip: PEMBROKE LAKES, FL 33027

Title: MGR () Delete
Name: CHAMOUN, FARES
Address: 901 BRICKELL KEY BLVD APT 2304
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CHAMOUN, FARES
Address: 1228 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33131

I hereby certify that the information supplied with this filing does not qualify 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: FADI CHAMOUN

MGRM

04/17/2009

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