


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90076 030 ****50.00

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| DOCUMENT # L03000001380 |  |
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|---|---|---|
| 1. Entity Name HEMET PROPERTIES LLC | Principal Place of Business 1030 S FED HWY 117 DELRAY BEACH, FL 33483 | Mailing Address 1030 S FED HWY 117 DELRAY BEACH, FL 33483 |
|---|---|---|

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|--|--|
| 2. Principal Place of Business - No P.O. Box # 2905 S. Fed. Hwy. | 3. Mailing Address 2905 S. Fed. Hwy. |
| Suite, Apt. #, etc. C-4 | Suite, Apt. #, etc. C-4 |
| City & State Delray Beach, FL | City & State Delray Beach, FL |
| Zip 33483 | Country USA |

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02282007 Chg-LLC CR2E083 (12/06)

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|---|---|
| 4. FEI Number 68-0580641 | 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 SWEENEY, PAULA J 1030 S FED HWY 117 DELRAY BEACH, FL 33483 | |
| 7. Name and Address of New Registered Agent Name Paula J. Sweeney Street Address (P.O. Box Number is Not Acceptable) 2905 S. Federal Hwy., C-4 City Delray Beach FL Zip Code 33483 | |

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 *Paula J. Sweeney* **DATE** 3/1/07

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

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|---|--|
| 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 MGR | <input checked="" type="checkbox"/> Delete | TITLE Mgr. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SWEENEY, PAULA J | | NAME Paula J. Sweeney | |
| STREET ADDRESS 1030 S FED HWY 117 | | STREET ADDRESS 2905 S. Federal Hwy., C-4 | |
| CITY-ST-ZIP DELRAY BEACH, FL 33483 | | CITY-ST-ZIP Delray Beach, FL 33483 | |
| TITLE MGR | <input checked="" type="checkbox"/> Delete | TITLE Mgr. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MESTAS, BETSY | | NAME Betsy Mestas | |
| STREET ADDRESS 1030 S FED HWY 117 | | STREET ADDRESS 2905 S. Federal Hwy., C-4 | |
| CITY-ST-ZIP DELRAY BEACH, FL 33483 | | CITY-ST-ZIP Delray Beach, FL 33483 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

SIGNATURE: *Paula J. Sweeney* **DATE** 3/1/07 **Daytime Phone #**

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