

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000003189

1. Entity Name
HFS-USA RETAIL, LLC



FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90031 042 ***158.75

Principal Place of Business
550 FAIRWAY DR., STE. 103A
DEERFIELD BEACH, FL 33441

Mailing Address
550 FAIRWAY DR., STE. 103A
DEERFIELD BEACH, FL 33441



01262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0505169

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBERLAND, MARC
550 FAIRWAY DR., STE. 103A
DEERFIELD BEACH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CHAMBERLAND, MARC
550 FAIRWAY DR., STE. 103A
DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VRCFO
Anderson, Jim
300 Fairway Dr Suite 101
Deerfield Beach FL 33441.

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *Jim Anderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/28/06 954-596-1525
Date Daytime Phone #