2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
03-31-2004 90346 036 ****50.00

DOCUMENT # L03000005631

1. Entity Name
HCD 2836, L.L.C.

Principal Place of Business	Mailing Address
2900 GLADES CIRCLE, SUITE 350 WESTON, FL 33327	2900 GLADES CIRCLE, SUITE 350 WESTON, FL 33327

34UU5504

01052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, ~~Apt. #, etc.~~: 350	Suite, ~~Apt. #, etc.~~: 350
City & State: SAME	City & State: SAME
Zip: SAME Country:	Zip: SAME Country:

4. FEI Number 59-3768680 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARVESU, MANUEL M P.A. 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134	Name: LUIS HERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 2900 GLADES CIRCLE, SUITE 350 City: WESTON FL Zip Code: 33327

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 _____ LUIS HERNANDEZ APRIL 14 2004
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HERNANDEZ, LUIS 1914 CEDAR COURT WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRICENO, RAUL 1940 ASPEN LANE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CASARIN, ARIO 19621 ESTUARI DRIVE BOCA RATON, FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DA CORTE, DOMINGO 780 N.W. 42ND AV. SUITE 300, MIAMI, FLORIDA	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CESAR, GEORGE F 3391 SW. 192 AVENUE MIRAMAR, FL. 33029	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 03/29/04 954-8185845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #