

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005631**

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



Principal Place of Business  
2900 GLADES CIRCLE, SUITE 850  
WESTON, FL 33327

Mailing Address  
2900 GLADES CIRCLE, SUITE 850  
WESTON, FL 33327



02282006 No Chg-LLC

CR2E083 (11/06)

**DO NOT WRITE IN THIS SPACE**

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**

HERNANDEZ, LUIS  
2900 GLADES CIRCLE  
SUITE 850  
WESTON, FL 33327

**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	MGRM
NAME	HERNANDEZ, LUIS
STREET ADDRESS	1914 CEDAR COURT
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	BRICENO, RAUL
STREET ADDRESS	1940 ASPEN LANE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGRM
NAME	CASARIN, ARIQ
STREET ADDRESS	19621 ESTUARI DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	MGRM
NAME	DA CORTE, DOMINGO
STREET ADDRESS	780 NW 42ND AV-SUITE 300
CITY-ST-ZIP	MIAMI, FL
TITLE	MGRM
NAME	CESAR, GEORGE F
STREET ADDRESS	3391 SW 192 AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000481916  
04/11/06 00051-025 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

**March 3, 2006**

Date

**954-3490351**

Daytime Phone #