


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000005631</b>	
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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
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2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007 Chg-LLC CR2E083 (12/06)

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	1914 CEDAR COURT	
CITY-ST-ZIP	WESTON, FL 33327	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRICENO, RAUL	
STREET ADDRESS	1940 ASPEN LANE	
CITY-ST-ZIP	WESTON, FL 33327	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASARIN, ARIO	
STREET ADDRESS	19621 ESTUARI DRIVE	
CITY-ST-ZIP	BOCA RATON, FL 33498	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DA CORTE, DOMINGO	
STREET ADDRESS	780 NW 42ND AV-SUITE 300	
CITY-ST-ZIP	MIAMI, FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CESAR, GEORGE F	
STREET ADDRESS	3391 SW 192 AVENUE	
CITY-ST-ZIP	MIRAMAR, FL 33029	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

*[Handwritten Signature]*

Feb 17, 2007

954-3490351