


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3768680	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000908619
05/06/08-80039-001 138.75

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

**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

Date

Daytime Phone #

4/13/2008