2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 21 AM 8:37

DOCUMENT # L03000022957

1. Entity Name
HENNELLY REAL ESTATE HOLDINGS, LLC

Principal Place of Business	Mailing Address
3230 NE 56TH CT. FT LAUDERDALE, FL 33308	3230 NE 56TH CT. FT LAUDERDALE, FL 33308

03142008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2400 E.Commercial Blvd.	2400 E. Commercial Blvd
Suite, Apt. #, etc.: Suite 1050	Suite, Apt. #, etc.: Suite 1050
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

4. FEI Number: 20-0057604 ☐ 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
HANLEY, DAVID F ESQ BRINKLEY MCNERNEY MORGAN SOLOMON & TATUM 200 E LAS OLAS BLVD., #1900 FORT LAUDERDALE, FL 33301	Name: Daniel P. J. O'Connor Street Address (P.O. Box Number is Not Acceptable): c/o Brinkley Morgan, et al 200 E. Las Olas Blvd., Suite 1900 City: Fort Lauderdale FL Zip Code: 33301

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 _____ 4/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HENNELLY, DANIEL W 3230 NE 56TH CRT FORT LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENNELLY, DIANE 3230 NE 56TH CRT FORT LAUDERDALE, FL 33306	☐ 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	☐ Change ☐ Addition 300125024043 04/21/08--01004--028 **746.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/21/08	☐ 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 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: _____ 4/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

DIANE HENNELLY