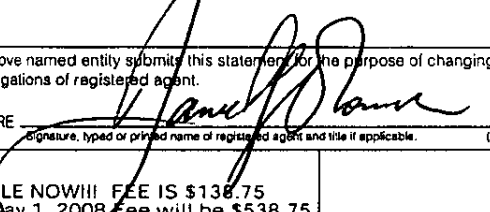
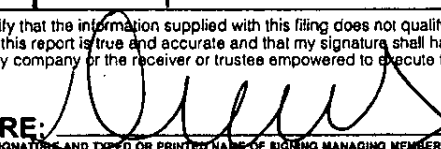


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 3230 NE 56TH CT. FT LAUDERDALE, FL 33308		Mailing Address 3230 NE 56TH CT. FT LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # 2400 E. Commercial Blvd.		3. Mailing Address 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		03142008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HANLEY, DAVID F ESQ BRINKLEY MCNERNEY MORGAN SOLOMON & TATUM 200 E LAS OLAS BLVD., #1900 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent 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  DATE 4/11/08 (NOTE: Registered Agent signature required when reinstating)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 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:  DATE 4/11/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # DIANE HENNELLY			