

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
May 06, 2008
Secretary of State**

DOCUMENT# L03000027110

Entity Name: HLRE, LLC

Current Principal Place of Business:

C/O LINETT, SCHECHTER, REICHER & OFSEVIT
810 SEVENTH AVE, 10TH FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

C/O LINETT, SCHECHTER, REICHER & OFSEVIT
810 SEVENTH AVE, 10TH FLOOR
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 20-0128770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWINDLING, SANDY
C/O MOORE, STEPHENS, LOVELACE, PA
14750 NW 77 CT, STE 200
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: SCHARF, MANUEL
Address: 1608 59TH STREET
City-St-Zip: BROOKLYN, NY 11204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Delete
Name: WARLOW, MELISSA
Address: PO BOX 345
City-St-Zip: SPARKS GLENCOE, MD 21152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MANUEL SCHARF

MGR

05/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date