


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90197 023 ****50.00

DOCUMENT # L03000036873			
1. Entity Name HS PROPERTY DEVELOPMENT OF FLORIDA, LLC			
Principal Place of Business 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		Mailing Address 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160	
2. Principal Place of Business - No P.O. Box # 9577 HARDING AVE		3. Mailing Address 9577 HARDING AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Surfside FL		City & State Surfside FL	
Zip 33154	Country	Zip 33154	Country
6. Name and Address of Current Registered Agent GLEIZER, HERNAN 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160		7. Name and Address of New Registered Agent Name GLEIZER, HERNAN Street Address (P.O. Box Number is Not Acceptable) 9577 HARDING AVE City Surfside FL Zip Code 33154	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNAN, GLEIZER 18206 COLLINS AVE. SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERNAN GLEIZER 9577 HARDING AVE Surfside FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FEB - 15 - 07 305-865-0977