


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000037031 1. Entity Name HIALEAH #1 BUILDINGS, LLC	
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Principal Place of Business 2401 SW 26TH AVENUE FT. LAUDERDALE FL 33312	Mailing Address 2401 SW 26TH AVENUE FT. LAUDERDALE FL 33312
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2. Principal Place of Business Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent BLACK, WILLIAM R ESQUIRE 2691 E. OAKLAND PARK BLVD., SUITE 402 FT. LAUDERDALE FL 33306	
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4. FEI Number 05-0603089	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	GOLDEN CAY LIMITED PARTNERSHIP
STREET ADDRESS	2401 SW 26TH AVENUE
CITY- ST- ZIP	FT. LAUDERDALE FL 33312
TITLE	MGRM <input type="checkbox"/> Delete
NAME	JEFFERS, EDWARD A
STREET ADDRESS	2401 SW 26TH AVENUE
CITY- ST- ZIP	FT. LAUDERDALE FL 33312
TITLE	MGRM <input type="checkbox"/> Delete
NAME	JEFFERS, MARJORIE A
STREET ADDRESS	2401 SW 26TH AVENUE
CITY- ST- ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	UN00000313564
CITY- ST- ZIP	04/18/05-80131-003 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marjorie A. Jeffers MGRM April 15, 2005 (954) 321-9483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #