

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90092 016 \*\*\*\*50.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # L03000037747</b><br>1. Entity Name<br>HMA PROPERTIES, L.L.C.   |   |  |   |
| Principal Place of Business<br>3990 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134  |   | Mailing Address<br>38 STONEHURST LANE<br>DIX HILLS, NY 11746 US  |   |
| 2. Principal Place of Business<br>789 CRANDON BLVD<br>Suite, Apt. #, etc.<br># 401   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| City & State<br>KEY BISCAYNE, FL<br>Zip<br>33149   |   | City & State<br>Zip<br>Country   |   |
| 4. FEI Number<br>80-0078203  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>RICHARD GONZALEZ, P.A.<br>407 LINCOLN ROAD<br>4E<br>MIAMI BEACH, FL 33139   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____   |   |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   | Make check payable to<br>Florida Department of State   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   | <b>10. ADDITIONS/CHANGES</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GAVILLA, ESPERANZA<br>38 STONEHURST LANE<br>DIX HILLS, NY 11746      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GAVILLA, HECTOR P<br>230 BARTON AVENUE<br>MELVILLE, NY 11747         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GAVILLA, ALEXANDER<br>3990 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>PICARELLA, MICHAEL<br>221 BARTON AVENUE<br>MELVILLE, NY 11747        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Esperanza Gavilla</u><br>_____<br>ESPERANZA GAVILLA  |   | Date: <u>1-25-06</u><br>Daytime Phone #  |   |