

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000037747

1. Entity Name
HMA PROPERTIES, L.L.C.



Principal Place of Business
**789 CRANDON BLVD.
#401
KEY BISCAIYNE, FL 33149**

Mailing Address
**38 STONEHURST LANE
DIX HILLS, NY 11746 US**



07042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0078203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD GONZALEZ, P.A.
407 LINCOLN ROAD
4E
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

000000772155
08/16/07-80003-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAVILLA, ESPERANZA
38 STONEHURST LANE
DIX HILLS, NY 11746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAVILLA, HECTOR P
230 BARTON AVENUE
MELVILLE, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GAVILLA, ALEXANDER
1221 24TH ST. NW #903
WASHINGTON, DC 20037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PICARELLA, MICHAEL
221 BARTON AVENUE
MELVILLE, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

8/1/07

Date

Daytime Phone #