
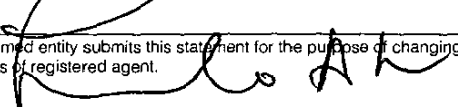



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90430 040 ****50.00

DOCUMENT # L03000050478 1. Entity Name HIF DEVELOPMENT, L.L.C.			
Principal Place of Business 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180		Mailing Address 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	
2. Principal Place of Business 18851 NE 29th Ave Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th Ave Suite, Apt. #, etc. 900	
City & State Aventura - FL Zip 33180		City & State Aventura - FL Zip 33180	
Country USA		Country USA	
4. FEI Number 20-0459164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ 18851 NE 29TH AVE, STE 900 ROTH, ROUSSO & DARRACH, P.A. AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Roth, Leonardo A. Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave # 900 City Aventura FL 33180	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> Leonardo A. Roth <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> 3/10/04 <small>DATE</small> </div> </div>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTURIAN, RUBEN 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORIGIAN, FERNANDO 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITROPOULOS, TAKIS 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMINARA, VALERIA 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMINARA, VALERIA 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEMINARA, VALERIA 18851 NE 29TH AVE, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Fernando Horigian MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/10/04 786-279-0000 <small>Date Daytime Phone #</small>	

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02102004 Chg-LLC CR2E083 (10/03)