2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # L04000010004 1. Entity Name 04-01-2005 90156 011 ****50.00 **HESSEN FAMILY, LLC** Principal Place of Business Mailing Address 7380 RED ROAD, SUITE #202 SOUTH MIAMI, FL 33143 7380 RED ROAD, SUITE #202 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For Not Applicable Ζp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESSEN, ANDREW -Street Address (P.O. Box Number is Not Acceptable) 7380 RED ROAD, SUITE #202 SOUTH MIAMI FL 33143 City Zip Code FL 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, typed or printed name of registered agent and title 1 applicable (NOTE Registered Agent signature required when translating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Addition DILE MGR ☐ Delete TITLE ☐ Change HESSEN, ANDREW NAME NAME STREET ADDRESS 7380 RED ROAD, SUITE #202 STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI FL'33143 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHTY-51-78P HILE ☐ Defete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C17Y-S1-7IP Delete TITLE MILE ☐ Chance ☐ Addition MAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CHTY-ST-ZIP ITTLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete MILE. nne ☐ Change ☐ Addition NAME NAM(STREET ADDRESS STREET ADDRESS CITY-51-7IP 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)(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 expowered to execute this report as required by Chapter 608. Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED