2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-02-2005 90114 009 ****55.00

DOCUMENT # L04000011866

1. Entity Name
HJR PROPERTIES - PLACIDA, LLC

Principal Place of Business	Mailing Address
444 BRICKELL AVE, STE 212 MIAMI, FL 33131	444 BRICKELL AVE, STE 212 MIAMI, FL 33131

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
444 Brickell Avenue		444 Brickell Avenue	
Suite, Apt. #, etc.: Suite 729		Suite, Apt. #, etc.: Suite 729	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 20-0805086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLMAN, MAYNARD J ESQ
2999 NE 191ST ST, PENTHOUSE 8
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 ________________
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 May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Henry Rodstein 444 Brickell Avenue Suite 729 Miami, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ________________ Mgr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #