

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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DOCUMENT # L04000011866		
1. Entity Name HJR PROPERTIES - PLACIDA, LLC		

Principal Place of Business 444 BRICKELL AVE, STE 212 MIAMI, FL 33131	Mailing Address 444 BRICKELL AVE, STE 212 MIAMI, FL 33131
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2. Principal Place of Business 444 Brickell Avenue		3. Mailing Address 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

04252005 Chg-LLC CR2E083 (10/03)

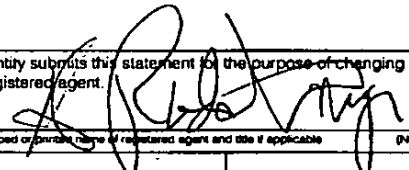
4. FEI Number 20-0205026	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HELLMAN, MAYNARD J ESQ 2999 NE 191ST ST, PENTHOUSE 8 AVENTURA, FL 33180
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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.

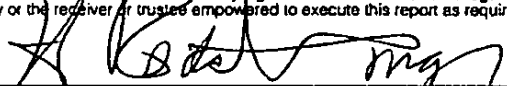
SIGNATURE  DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

B. 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:  DATE Daytime Phone #