


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90146 043 \*\*\*\*50.00

<b>DOCUMENT # L04000018582</b> 1. Entity Name HBO OLE ACQUISITIONS, LLC					
Principal Place of Business 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146			Mailing Address 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  SARIEGO, JOSE 4000 PONCE DE LEON BLVD., STE. 800 CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR			TITLE	
NAME	COMAS, GASTON			NAME	
STREET ADDRESS	4000 PONCE DE LEON BLVD, 8TH FLOOR			STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146			CITY - ST - ZIP	
TITLE	MGR			TITLE	
NAME	PERAZA, LUIS			NAME	
STREET ADDRESS	4000 PONCE DE LEON BLVD, 8TH FLOOR			STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146			CITY - ST - ZIP	
TITLE	MGR			TITLE	
NAME	SARIEGO, JOSE			NAME	
STREET ADDRESS	4000 PONCE DE LEON BLVD, 8TH FLOOR			STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146			CITY - ST - ZIP	
TITLE	MGR			TITLE	
NAME	TORKINGTON, DAVID			NAME	
STREET ADDRESS	4000 PONCE DE LEON BLVD, 8TH FLOOR			STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES, FL 33146			CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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.					
<b>SIGNATURE:</b> <i>Jose Sariego</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<i>04.30.06</i> <small>Date Daytime Phone #</small>	