

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025092

FILED
Feb 03, 2005
Secretary of State

Entity Name: HAFES REAL ESTATE HOLDINGS, L.L.C.

Current Principal Place of Business:

4850 W OAKLAND PARK BLVD, STE 201
LAUDERDALE LAKES, FL 33313

New Principal Place of Business:

Current Mailing Address:

4850 W OAKLAND PARK BLVD, STE 201
LAUDERDALE LAKES, FL 33313

New Mailing Address:

FEI Number: 20-1020640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD, STE 485-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HAJIANPOUR, M.A. M.D.
Address: 4850 W OAKLAND PARK BLVD, STE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: MGR () Delete
Name: FEANNY, MICHAEL P M.D.
Address: 4850 W OAKLAND PARK BLVD, STE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

Title: MGRM () Delete
Name: SHEIKH, BABAK M.D.
Address: 4850 W OAKLAND PARK BLVD, STE 201
City-St-Zip: LAUDERDALE LAKES, FL 33313

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: M.A. HAJIANPOUR, M.D.

PRES

02/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date