


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90183 021 ****50.00

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|--|---|--|---|---|--|
| DOCUMENT # L04000030528 1. Entity Name HITZCO #3, LLC | | | |  | |
| Principal Place of Business 7919 LA MIRADA DRIVE BOCA RATON, FL 33433 | | | Mailing Address 7919 LA MIRADA DRIVE BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business - No P.O. Box # 6425 Via Rosa | | 3. Mailing Address 6425 Via Rosa | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 75-3153250 | |
| Zip | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent HANDLER, SHEILA 7919 LA MIRADA DRIVE BOCA RATON, FL 33433 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6425 Via Rosa 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 <i>Sheila Handler</i> SHEILA HANDLER, MGRM DATE 3-10-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HITZIG, GARY 7919 LA MIRADA DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HANDLER, SHEILA 7919 LA MIRADA DRIVE 6425 Via Rosa BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHILLER, ARLENE 7919 LA MIRADA DRIVE 6425 Via Rosa BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. | | | | | |
| SIGNATURE <i>Sheila Handler</i> SHEILA HANDLER, MGRM | | | Date 3-10-07 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |