

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90539 040 \*\*\*\*50.00

**DOCUMENT # L04000036130**

1. Entity Name  
HHH SAIL FUND, LLC



Principal Place of Business  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009 US

Mailing Address  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
30-0248721

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIPSON, ARTHUR E  
1920 E. HALLANDALE BEACH BOULEVARD  
SUITE 906  
HALLANDALE, FL 33009

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

TITLE MGR ☐ Delete  
NAME LIPSON, ARTHUR E  
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., SUITE 906  
CITY - ST - ZIP HALLANDALE, FL 33009

TITLE MGR ☐ Delete  
NAME HAHAMOVITCH, HARRY H  
STREET ADDRESS 6453 W. ROGERS CIRCLE, SUITE 1  
CITY - ST - ZIP BOCA RATON, FL 33487

TITLE MGR ☐ Delete  
NAME POSTERNACK, CHARLES  
STREET ADDRESS 3129 WESTMINSTER DRIVE  
CITY - ST - ZIP BOCA RATON, FL 33496

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2901 CLINT MOORE ROAD  
CITY - ST - ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ARTHUR E. LIPSON  
MANAGER 3/18/05 (954) 454-1114