

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038443

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: 806 HIDDEN BAY LLC

**Current Principal Place of Business:**

3370 NE 190 STREET UNIT 806  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

9100 CORAL WAY  
SUITE 7  
MIAMI, FL 33165

**New Mailing Address:**

3370 NE 190 STREET  
806  
AVENTURA, FL 33180

FEI Number: 20-1961196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABEZA, MANUEL E ESQUIRE  
9100 CORAL WAY  
SUITE 7  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

CABEZA, MANUEL E ESQUIRE  
255 UNIVERSITY DRIVE  
CORAL GABLES, FL 33134 US

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: \_\_\_\_\_

03/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOPEZ, JOSE D  
Address: 3370 NE 190 STREET UNIT 806  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: PORRAS, MARIBEL  
Address: 3370 NE 190 STREET UNIT 806  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: MARIBEL PORRAS

MGR

03/16/2009

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