

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000041731 1. Entity Name HECHT MANATEE PROPERTY GP, LLC	
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Principal Place of Business 401 NW 38TH COURT MIAMI, FL 33126	Mailing Address P O BOX 350940 MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



02262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1257756	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD., 21ST FL MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

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 reissuing) _____ DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVENICK, BARBARA 369 LEUCADENDRA DRIVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMDUR, ISABELLE ONE GROVE ISLE DRIVE, APT. 1509 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000848253 03/20/08-80010-002 138.75 DO NOT WRITE IN THIS SPACE
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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:  **3-1-08** **305-649-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #