

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041731

FILED
Apr 02, 2009
Secretary of State

Entity Name: HECHT MANATEE PROPERTY GP, LLC

Current Principal Place of Business:

401 NW 38TH COURT
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P O BOX 350940
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-1257756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B & C CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD., 21ST FL
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

LAW CENTER OF THE AMERICAS, LLC
701 BRICKELL AVENUE, SUITE 1400
MIAMI, FL 33131 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: RONALD ALBERT, JR., VICE-PRESIDENT

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: HAVENICK, BARBARA
Address: 369 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: AMDUR, ISABELLE
Address: ONE GROVE ISLE DRIVE, APT. 1509
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: HAVENICK, BARBARA
Address: 401 NW 38TH CT
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: AMDUR, ISABELLE
Address: 401 NW 38TH CT
City-St-Zip: MIAMI, FL 33126

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: BARBARA HAVENICK

D

04/02/2009

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