
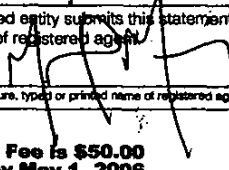
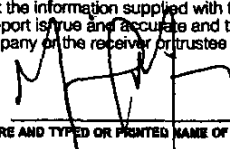


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 037 ****50.00

DOCUMENT # L04000043739					
1. Entity Name SOUTHEAST FLORIDA LAND INVESTMENTS OF HIALEAH LLC					
Principal Place of Business 10 N.W. LEJEUNE ROAD 400 MIAMI, FL 33126			Mailing Address 10 N.W. LEJEUNE ROAD 400 MIAMI, FL 33126		
2. Principal Place of Business 10 N.W. 42nd AVE.			3. Mailing Address 10 N.W. 42nd AVE.		
Suite, Apt. #, etc. SUITE 700			Suite, Apt. #, etc. SUITE 700		
City & State MIAMI, FLORIDA			City & State MIAMI, FLORIDA		
Zip 33126		Country USA		Zip 33126	
				Country USA	
4. FEJ Number 30-0256452				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 MOURIZ, MIGUEL 10 N.W. LEJEUNE ROAD 400 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. 42nd AVE., SUITE 700 City MIAMI FL Zip Code 33126		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURIZ, MIGUEL 10 N.W. LEJEUNE ROAD MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURIZ, MIGUEL A. 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____					

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