

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90016 020 ****50.00

DOCUMENT # L04000043994

1. Entity Name
HIALEAH SHOPPING CENTER, LLC



Principal Place of Business
7741 SW 122ND AVENUE
MIAMI, FL 33183

Mailing Address
7741 SW 122ND AVENUE
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #

8700 W FLAGLER ST

3. Mailing Address

8700 W FLAGLER ST

Suite, Apt. #, etc.

#165

Suite, Apt. #, etc.

#165

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33174

Country US

Zip

33174

Country US



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
86-1108540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIAZ, O J
7951 SW 40TH STREET
206
MIAMI, FL 33155

7. Name and Address of New Registered Agent

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
JULIO, LAGO A
7951 SW 40TH STREET, STE 206
MIAMI, FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
ANTHONY R. CECCHINI, TRUSTEE
7951 SW 40TH STREET, STE 206
MIAMI, FL 33155 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
PLAYERO PARTNERSHIP
7951 SW 40TH STREET, STE 206
MIAMI, FL 33155 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LAGO, JULIO A ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

1/12/07 305 2250019