

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90277 032 \*\*\*\*50.00

<b>DOCUMENT # L04000044638</b> 1. Entity Name <b>H &amp; N COMMERCIAL PROPERTY INVESTMENTS, LLC.</b>			
Principal Place of Business <b>2549 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33406</b>		Mailing Address <b>2549 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33406</b>	
2. Principal Place of Business <b>2535 Forest Hill BLVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2535 FOREST HILL BLVD.</b> Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH FL</b> Zip Country <b>33406 Palm beach</b>		City & State <b>WEST PALM BEACH FL</b> Zip Country <b>33406 Palm Beach</b>	
4. FEI Number <b>20-1252357</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SARDINA, HECTOR L</b> <b>2535 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33406</b> 		7. Name and Address of New Registered Agent Name <b>HECTOR L. SARDINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2535 FOREST HILL BLVD.</b> City State Zip Code <b>WEST PALM BEACH FL 33406</b>	
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	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SARDINA, HECTOR L</b> <b>2535 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>SARDINA, NILDA C</b> <b>2535 FOREST HILL BLVD.</b> <b>WEST PALM BEACH, FL 33406</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		Date <b>Feb 07 2005</b> Daytime Phone	