


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000049468	
1. Entity Name HA ENTERPRISES, LLC	

Principal Place of Business 2121 NORTH BAYSHORE DRIVE 1105 MIAMI, FL 33137 US	Mailing Address 2121 NORTH BAYSHORE DRIVE 1105 MIAMI, FL 33137 US
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DO NOT WRITE IN THIS SPACE



04212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1448433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DELEON, NEIL 44 WEST FLAGLER ST SUITE 325 MIAMI, FL 33130	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.	

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 reconstituting) 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	MGRM AMMONS, HERBERT JR 2121 NORTH BAYSHORE DRIVE STE 1105 MIAMI, FL 33137
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05/19/08-80011-022 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *Herbert Ammons* *4/22/08* *305-573-2049*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #