



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90239 039 \*\*\*138.75

<b>DOCUMENT # L04000065866</b> 1. Entity Name <b>HIALEAH LAKES OFFICE PARK D &amp; F, LLC</b>					
Principal Place of Business <b>262 ATLANTIC ISLE SUNNY ISLES, FL 33160</b>			Mailing Address <b>262 ATLANTIC ISLE SUNNY ISLES, FL 33160</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">60016812</div>  <div style="display: flex; justify-content: space-between; font-size: 12px;"> <span>03192008</span> <span>Chg-LLC</span> <span>CR2E083 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 12px;"> <span>4. FEI Number 27-0108862</span> <span>Applied For Not Applicable</span> </div> <div style="display: flex; justify-content: space-between; font-size: 12px;"> <span>5. Certificate of Status Desired <input type="checkbox"/></span> <span>\$5.00 Additional Fee Required</span> </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>MARCUS, ALAN J 20803 BISCAYNE BLVD. 301 AVENTURA, FL 33180</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>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</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	MGRM LANDAQ, INC. 13990 SW 97 AVENUE MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AJS PROPERTIES, INC. 262 ATLANTIC ISLE SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTE DE LEO TRUST 10571 NW 61ST LANE DORAL, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

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)*

Arie Steiger (AJS Properties)

3/20/08

305-710-1230