## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 06, 2005 8:00 am Secretary of State **DOCUMENT # L04000070379** 05-06-2005 90029 030 \*\*\*\*50.00 1. Entity Name H&H DEVELOPMENT CO. AT SOLARIS, LLC. Principal Place of Business Mailing Address 4535 PONCE DE LEON BOULEVARD 4535 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-177 4388 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Hakvey Hokmán de 2 Street Address (P.O. Box Number is Not Acceptable) CHASE, ALAN R ESQ. 9400 S. DADELAND BOULEVARD, SUITE 600 MIAMI, FL 33156 4535 Ponce de leun Blud 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. LARVCY Heenandez SIGNATURE Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MOR **Addition** ☐ Change TITLE ☐ Delete TITLE HARVEY HEA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change — ☐ Addition - 🗀 : Delete -TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee incommend to execute this report as required by Chapter 608, Florida Statutes.

HARVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

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