

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90342 001 \*\*\*138.75  
 03-10-2008 90342 002 \*\*\*\*\*5.00

**DOCUMENT # L04000074826**

1. Entity Name  
**H&F REAL PROPERTY INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**9440 S.W. 102ND STREET**      **9440 S.W. 102ND STREET**  
**MIAMI, FL 33176**                      **MIAMI, FL 33176**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State                                      City & State

Zip      Country                                      Zip      Country

**30001510**



02262008    Chg-LLC      CR2E083 (12/06)

4. FEI Number  
**20-1907470**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANSON, KLINE, JACOMINO & COMPANY, LLP**  
~~782 N.W. LEJEUNE ROAD~~ *Waterford at Blue Lagoon*  
~~MIAMI, FL 33126~~ *5805 Blue Lagoon Drive*  
*Suite 220*  
*Miami, Florida 33126*

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTALES, FELIBERTO 9440 S.W. 102ND STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTALES, HELVIA 9440 S.W. 102ND STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:       Date: **3/4/08**      Daytime Phone # \_\_\_\_\_

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