

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081754

Entity Name: H.M.I. DEVELOPMENT, LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

New Mailing Address:

INTERLINK # 407
PO BOX 02-5635
MIAMI, FL 33102

FEI Number: 71-0973850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARGENT, ELIZABETH
1024 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SARGENT, ELIZABETH
Address: 1024 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FRANCESCHI, TOMAS
Address: 1024 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: COHN, CRAIG
Address: 1024 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH SARGENT

MGRM

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date