


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000087601 1. Entity Name HENA FLORIDA CITY OUT PARCEL, LLC	
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Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4681081	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

ALBORNOZ, WILLIAM H
901 PONCE DE LEON BLVD.
SUITE 603
CORAL GABLES, FL 33134

**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.

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

000000936570
05/27/08-80015-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENAO, LUIS 901 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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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:  Date: 4/28/08 Daytime Phone #: 305-444-1741

Luis Hena