

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-04-2005 90017 022 ****50.00

DOCUMENT # L04000088095

1. Entity Name
HADA PARTNERS LLC



Principal Place of Business
**C/O PAUL FELZEN
135 EAST 74TH STREET
NEW YORK NY 10021**

Mailing Address
**C/O PAUL FELZEN
135 EAST 74TH STREET
NEW YORK NY 10021**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent
**FELZEN, NICHOLAS
5830 S.W. 57TH AVE. (UNIT 236)
MIAMI FL 33143**

4. FEI Number
83-0413537

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name **FELZEN, NICHOLAS**
Street Address (P.O. Box Number is Not Acceptable)
60 EDGEWATER DR. (#15-E)
City **CORAL GABLES** FL Zip Code **33133**

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 Nich Felzen DATE 2/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELZEN, PAUL 135 EAST 74TH STREET NEW YORK NY 10021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELZEN, SALLIE 135 EAST 74TH STREET NEW YORK NY 10021	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELZEN, ANTHONY 105 FIFTH AVENUE NEW YORK NY 10003	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELZEN, NICHOLAS 5830 S.W. 57TH AVE. (UNIT 236) NEW YORK NY 10003	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELZEN, NICHOLAS 60 EDGEWATER DR. (#15-E) CORAL GABLES, FL 33133	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul Felzen (PAUL FELZEN) DATE 2/28/05 (42) 751-5822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE