

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90136 039 ****50.00

DOCUMENT # L04000091407 1. Entity Name HANGING GARDENS, LLC					
Principal Place of Business 16563 N.W. 5TH COURT PEMBROKE PINES, FL 33028 33028			Mailing Address 16563 N.W. 5TH COURT PEMBROKE PINES, FL 33028 33028		
2. Principal Place of Business 16563 NW 5 Ct Suite, Apt. #, etc. P		3. Mailing Address Suite, Apt. #, etc. City & State Pembroke Pines, FL Zip 33028			
City & State Pembroke Pines, FL Zip 33028		City & State Zip Country USA		4. FEI Number 05-0613955 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03132005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FILINGS INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132			7. Name and Address of New Registered Agent Name Alicia Hing Street Address (P.O. Box Number is Not Acceptable) 16563 NW 5 Ct Pembroke Pines, FL 33028 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 <u><i>Alicia Hing</i></u> Alicia Hing DATE <u>3-14-05</u> <small>Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, BEVERLY 16563 N.W. 5TH COURT PEMBROKE PINES, FL 33028 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alicia Hing 16563 NW 5 Ct Pembroke Pines, FL 33028	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 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: <u><i>Alicia Hing</i></u> Alicia Hing <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>3-14-05</u> Daytime Phone #		