

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90191 050 \*\*\*\*50.00

60021851



|  |  |                                 |  |   |  |
|--|--|---------------------------------|--|---|--|
| <b>DOCUMENT # L04000094215</b><br>1. Entity Name<br>HDF PROPERTIES LLC   |  |                                 |  |   |  |
| Principal Place of Business<br>1666 KENNEDY CAUSEWAY<br>SUITE 610<br>NORTH BAY VILLAGE, FL 33141 US  |  |                                 | Mailing Address<br>1666 KENNEDY CAUSEWAY<br>SUITE 610<br>NORTH BAY VILLAGE, FL 33141 US  |   |  |
| 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  |
| 4. FEI Number<br>20-2074916  |  |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |  | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>SIMS, BAMBI<br>1666 KENNEDY CAUSEWAY<br>SUITE 610<br>NORTH BAY VILLAGE, FL 33141  |  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |                                 |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>                                |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>NAMSER, ESQ, SARA<br>1666 KENNEDY CAUSEWAY #610<br>NORTH BAY VILLAGE, FL 33141 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>Sara Nemser, Esq.  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>Bambi Sims<br>1666 Kennedy Cswy., #610<br>North Bay Village, FL 33141 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |
| 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. |  |                                 |  |   |  |
| <b>SIGNATURE:</b> <u>Bambi Sims</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 |  | 3/6/07 <span style="float: right;">35868-5881</span><br><small>Date Daytime Phone #</small> |  |