2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2007
Secretary of State

DOCUMENT# L05000005867

Entity Name: HYLO, LLC

Current Principal Place of Business:

2101 N.E. 205TH STREET
NORTH MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

2101 N.E. 205TH STREET
NORTH MIAMI, FL 33179 US

New Mailing Address:

FEI Number: 83-0416735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORCHAK, KENNETH J
11900 BISCAYNE BLVD., SUITE 310
NORTH MIAMI, FL 33181 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: HYMAN, GARY H
Address: 2101 N.E. 205TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM ( ) Delete
Name: REYES, JOHN
Address: 5755 N.S. 210TH STREET, #101
City-St-Zip: MIAMI, FL 33169

Title: MGRM ( ) Delete
Name: CHARES, FRANTZ
Address: 3600 S. STATE ROAD 7 #46
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HYMAN, GARY A
Address: 2101 N.E. 205TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

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 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: GARY A HYMAN MGRM 02/24/2007

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