

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008527

Entity Name: HIAWATHA AVENUE, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

13195 SW 134 STREET
SUITE 101
MIAMI, FL 33186

New Principal Place of Business:

5979 SW 56 ST
MIAMI, FL 33155

Current Mailing Address:

111 SW 3 STREET
SIXTH FLOOR
MIAMI, FL 33130

New Mailing Address:

5979 SW 56 ST
MIAMI, FL 33155

FEI Number: 20-2511021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, ELLIOTT
111 SW 3RD STREET, 6TH FLOOR
MIAMI, FL 33130 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: MGC/MIL, LLC
Address: 13195 SW 134 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: MRC/ASIA, LLC
Address: 13195 SW 134 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33186

Title: MGRM () Delete
Name: PGC, LLC
Address: 13195 SW 134 STREET, SUITE 101
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LOURDES GARCIA

MG

04/17/2009

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