

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013229

Entity Name: HIALEAH HEIGHTS 77, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

2159 CORAL WAY, STE. B
MIAMI, FL 33145

New Principal Place of Business:

1200 PONCE DE LEON BLVD.
1ST FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2159 CORAL WAY, STE. B
MIAMI, FL 33145

New Mailing Address:

1200 PONCE DE LEO BLVD.
1ST FLOOR
CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOSCHETTI, JOSE R
2159 CORAL WAY, STE. B
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

VILARELLO, ALEJANDRO ESQ.
14160 PALMETTO FRONTAGE ROAD
#21
MIAMI LAKES, FL 33016 US

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: ALEJANDRO VILARELLO

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOSCHETTI, JOSE R
Address: 2159 CORAL WAY, STE. B
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOSCHETTI, JOSE R
Address: 1200 PONCE DE LEON BLVD. - 1ST FLOOR
City-St-Zip: CORAL GABLES, FL 33016

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: JOSE R. BOSCHETTI

MGR

05/01/2006

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