

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019702

FILED
Mar 30, 2009
Secretary of State

Entity Name: HIALEAH LAKES OFFICE PARK, G & H, LLC

Current Principal Place of Business:

13990 SW 97TH AVENUE
MIAMI, FL 33176 US

New Principal Place of Business:

262 ATLANTIC ISLAND
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

262 ATLANTIC AVE
SUNNY ISLE BCH, FL 33160 US

New Mailing Address:

FEI Number: 20-2427937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASCUAL, ADALBERTO M
13990 SW 97TH AVENUE
MIAMI, FL 33176 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: LANDAQ HIALEAH LAKES OFFICE, LLC
Address: 13990 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: ASF PROPERTIES, LLC
Address: 262 ATLANTIC ISLE
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: MGRM () Delete
Name: K15,LLC
Address: 1681 NW 97TH AVENUE
City-St-Zip: DORAL, FL 33172 US

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: JUDITH STEIGER

MGRM

03/30/2009

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