

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90057 022 ****50.00

DOCUMENT # L05000037612 1. Entity Name 748090 HIALEAH, LLC					
Principal Place of Business 848 BRICKELL AVENUE, SUITE 1120 MIAMI, FL 33131			Mailing Address 848 BRICKELL AVENUE, SUITE 1120 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0121870	
Zip		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, PATRICIA L PATRICIA L. PEREZ, P.A. 2222 PONCE DE LEON BLVD., PENTHOUSE STE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANIZA, ANA JUDITH 600 BRICKELL AVENUE, SUITE 300-Y MIAMI, FL 33131	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANIZA, ANA JUDITH 600 BRICKELL AVENUE, SUITE 300-Y MIAMI, FL 33131	<input type="checkbox"/> Delete			
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.			10. ADDITIONS/CHANGES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 848 BRICKELL AVENUE, SUITE 1120 MIAMI, FL 33131		
SIGNATURE: <i>[Signature]</i>			01/16/07 (305) 305-9464		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		