

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 02, 2006 8:00 am
Secretary of State

02-13-2006 90246 001 ***450.00

DOCUMENT # L05000049039			
1. Entity Name HCR FLORIDA LLC			
Principal Place of Business 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162		Mailing Address 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162	
2. Principal Place of Business 18425 NW 2nd Ave Suite, Apt. #, etc. 350		3. Mailing Address 18425 NW 2nd Ave Suite, Apt. #, etc. 350	
City & State Miami Gardens FL Zip 33169 Country USA		City & State Miami Gardens FL Zip 33169 Country USA	
4. FEI Number 20-2850660		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRT INVESTMENTS LLC 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18425 NW 2nd Ave #350 City Miami Gardens FL Zip Code 33169	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RECHIA, HUGO C 633 NE 167 STREET #301 N MIAMI BEACH, FL 33162 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	18425 NW 2nd Ave #350 Miami Gardens FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____			

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