2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000049039

1. Entity Name HCR FLORIDA LLC

FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

18425 NW 2ND AVE

18425 NW 2ND AVE

350 # 350 MIAMI, FL 33169 MIAMI,

MIAMI, FL 33169



04092007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number		Applied For
20-2850660		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Rec	Additional

6. Name and Address of Current Registered Agent

NRT INVESTMENTS LLC 18425 NW 2ND AVE #350 MIAMI, FL 33169

SIGNATURE:

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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 reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGER			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RECHHIA, HUGO C 18425 NW 2ND AVE, #350 MIAMI, FL 33169	H00000751500		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000751589 05/18/07-80108-015 50.00		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				