

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060289

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: HENDRICKS HARBOR VILLAS LLC

**Current Principal Place of Business:**

1314 E. LAS OLAS BLVD., #285  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1314 E. LAS OLAS BLVD., #285  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-3017601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARAZOZA & FERNANDEZ FRAGA, P.A.  
2100 SALZADO ST  
SUITE 300  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: LAURIA, ANDRES I  
Address: 1314 E. LAS OLAS BLVD., #285  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JAEN, AIDA H  
Address: 1314 E LAS OLAS BLVD # 285  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM ( ) Change (X) Addition  
Name: HENDRICKS PARTNERS H, OLDINGS LLP  
Address: 1314 E LAS OLAS BLVD # 285  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: AIDA H JAEN

MGR

04/25/2008

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