

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060289

FILED
Apr 28, 2009
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: JAEN, AIDA H
Address: 1314 E LAS OLAS BLVD # 285
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: HENDRICKS PARTNERS HOLDINGS LLP
Address: 1314 E LAS OLAS BLVD # 285
City-St-Zip: FORT LAUDERDALE, FL 33301

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: PALM INVESTMENTS, INC
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

04/28/2009

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