

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

01-10-2006 90041 003 ****55.00

30003117



DOCUMENT # L05000078711							
1. Entity Name HJR PROPERTIES (OAKLAND PARK), LLC							
Principal Place of Business 444 BRICKELL AVENUE, SUITE 729 MIAMI, FL 33131			Mailing Address 444 BRICKELL AVENUE, SUITE 729 MIAMI, FL 33131				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-3462606			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HELLMAN, MAYNARD J ESQ 2999 NE 191 STREET, SUITE 905 AVENTURA, FL 33180			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, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Rodstein, Henry 444 Brickell Ave. S. 729 Miami, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:			Date: 3/16/05 Daytime Phone #: 305-789-9922				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							



ATTACHMENT

30003117

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

HJR PROPERTIES (OAKLAND PARK), LLC
444 BRICKELL AVENUE, SUITE 729
MIAMI, FL 33131

Subject: HJR PROPERTIES (OAKLAND PARK), LLC

Reference Number: **L05000078711**

→ Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CC
ANNUAL REPORTS SECTION

*Concludes
Please get?*

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OK

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Zip	Country	Zip	Country
01082006		Chg-LLC CR2E083 (11/05)	
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SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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SIGNATURE: 		Date: 1/08/06 305-789-9922	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	