


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90022 006 ***138.75

DOCUMENT # L05000078986 1. Entity Name HENLEE, LLC	
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Principal Place of Business 7420 SW 49 CT MIAMI, FL 33143	Mailing Address 7420 SW 49 CT MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # <i>2665 SO. Bayshore Dr.</i> Suite, Apt. #, etc. <i>M-102</i>	3. Mailing Address <i>2665 SO. Bayshore Dr.</i> Suite, Apt. #, etc. <i>M-102</i>
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04292008 Chg-LLC CR2E083 (12/06)

City & State <i>Miami Florida</i>	City & State <i>Miami Florida</i>
Zip <i>33133</i>	Zip <i>33133</i>

4. FEI Number 20-3284840	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent DIMOND, VIVIAN Z 7420 SW 49 CT MIAMI, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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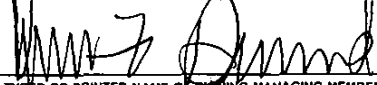
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<i>MGRM</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMOND, VIVIAN Z		NAME	<i>Dimond, Vivian Z</i>	
STREET ADDRESS	7420 SW 49 CT		STREET ADDRESS	<i>2665 SO. Bayshore Dr. M-102</i>	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	<i>Miami, FL 33133</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date _____	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE