

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 16, 2007 8:00 am
Secretary of State**

04-16-2007 90343 006 ****50.00

DOCUMENT # L05000084532																													
<p>1. Entity Name H CONSTRUCTION CONSULTING & DEVELOPMENT, LLC</p>																													
<p>Principal Place of Business 7213 NW 12TH STREET MIAMI, FL 33126</p>		<p>Mailing Address 7213 NW 12TH STREET MIAMI, FL 33126</p>																											
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
<p>6. Name and Address of Current Registered Agent JALALI-BIDGOLI, HASSAN 7213 NW 12TH STREET MIAMI, FL 33126</p>				<p>7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>																									
<p>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.</p>																													
<p>SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____</p>																													
<p>Filing Fee is \$50.00 Due by May 1, 2007</p>				<p>Make check payable to Florida Department of State</p>																									
<p>9. MANAGING MEMBERS/MANAGERS</p> <table border="1"> <tr> <td>TITLE</td> <td>MGRM</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHLONI, JAFAR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7213 NW 12TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	SCHLONI, JAFAR		STREET ADDRESS	7213 NW 12TH ST		CITY-ST-ZIP	MIAMI, FL 33126		<p>10. ADDITIONS/CHANGES</p> <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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<p>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.</p>																													
<p>SIGNATURE: </p>																													
<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p>																													
<p>Date _____</p>																													
<p>Daytime Phone # _____</p>																													

60036771



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3379183 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

4/11/07