2007 LIMITED LIABILITY COMPANY

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90343 005 ****50.00

Daytime Phone #

ANNUAL REPORT DOCUMENT # L05000084533

H & L REAL ESTATE DEVELOPEMNT, LLC Principal Place of Business Mailing Address 7213 NW 12TH STREET 7213 NW 12TH STREET 60036772 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FELNumber 20-3379079 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JALALI-BIDGOLI, HASSAN Street Address (P.O. Box Number is Not Acceptable) 7213 NW 12TH STREET MIAMI, FL 33126 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. TITLE n Delete **TITLE** Change ☐ Addition FAZEKAS, LASZIO NAME NAME 7213 NW 12TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33126 MGR TITLE ☐ Delete TITLE □ Change **Addition** JALALI-BIDGOLI, HASSAN NAME NAME STREET ADDRESS STREET ADDRESS 7213 NW 12TH STREET CITY-ST-ZIP MIAMI, FL 33126 CITY+ST-ZIP ■ Addition TITLE Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CIPY ST-ZIP 11. Thereby certify that the information supplied with this filling does not coalify for the emptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and the my sofiniture graph 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 impovered to be supplied to 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 impovered to be supplied to be supplied to 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 impovered to be supplied to 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 impovered to be supplied to

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE