
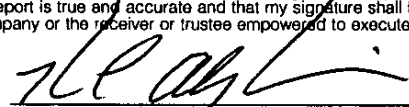


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000091381 1. Entity Name HMED INVESTMENTS, LLC		
Principal Place of Business 2017 S.W. 131 PLACE COURT MIAMI, FL 33175		Mailing Address 2017 S.W. 131 PLACE COURT MIAMI, FL 33175
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DIAZ, HUGO 2017 S.W. 131 PLACE COURT MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM DIAZ, HUGO 2017 S.W. 131 PLACE COURT MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM ALPHIN, THOMAS L 2210 S.W. 132 AVENUE MIAMI, FL 33175	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST- ZIP		
TITLE NAME STREET ADDRESS 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 or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3/28/2007 (305) 227-7326 <small>Date Daytime Phone #</small>



03262007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3473877

Applied For
Not Applicable

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

000000683960
04/06/07-80013-018 50.00

**DO NOT WRITE
IN THIS SPACE**