


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State


05-07-2008 90015 041 ***138.75

DOCUMENT # L05000091381 1. Entity Name HMED INVESTMENTS, LLC	
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Principal Place of Business 2017 S.W. 131 PLACE COURT MIAMI, FL 33175	Mailing Address 2017 S.W. 131 PLACE COURT MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE

00000100



04182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3473877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

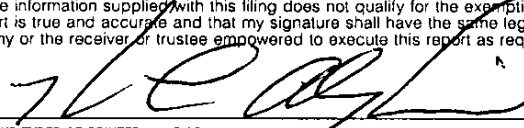
9. MANAGING MEMBERS/MANAGERS

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	

Sign.

**DO NOT WRITE
IN THIS SPACE**

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:  4/03/08 305-227-7326

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