

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092498

**FILED**  
**Jun 10, 2008**  
**Secretary of State**

**Entity Name:** HERNANDEZ PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

635 PINEWOODS DR  
LABELLE, FL 33935 US

**New Principal Place of Business:**

7034 BERWICK CIR  
LABELLE, FL 33935 US

**Current Mailing Address:**

635 PINEWOODS DR  
LABELLE, FL 33935 US

**New Mailing Address:**

7034 BERWICK CIR  
LABELLE, FL 33935 US

**FEI Number:** 20-3499896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HERNANDEZ, JORGE  
635 PINEWOODS DR  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

HERNANDEZ, JORGE  
7034 BERWICK CIR  
LABELLE, FL 33935 US

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.

SIGNATURE:

06/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ, JORGE  
Address: 635 PINEWOODS DR  
City-St-Zip: LABELLE, FL 33935 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HERNANDEZ, JORGE  
Address: 7034 BERWICK CIR  
City-St-Zip: LABELLE, FL 33935 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE HERNANDEZ

MGRM

06/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date