

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L05000099115

1. Entity Name
HHH REILLY FUND, LLC



Principal Place of Business

1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009 US

Mailing Address

1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009 US



03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3655205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSON, ARTHUR E
1920 E. HALLANDALE BEACH BOULEVARD
SUITE 906
HALLANDALE, FL 33009

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000692873
04/16/07-80017-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LIPSON, ARTHUR E
STREET ADDRESS 1920 E. HALLANDALE BEACH BLVD., SUITE 906
CITY-ST-ZIP HALLANDALE, FL 33009

TITLE MGR
NAME HAAMOVITCH, HARRY H
STREET ADDRESS 2206 W ATLANTIC AVE, # 201
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE MGR
NAME POSTERNACK, CHARLES
STREET ADDRESS 2901 CLINT MOORE ROAD, SUITE 245
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

ARTHUR E. LIPSON, MGR

Date

Daytime Phone #

4/4/07

(954) 451-1117