

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107637

Entity Name: H & P OFFICES, LLC

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

1321 NW 14TH STREET
SUITE 204
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

1321 NW 14TH STREET
SUITE 204
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
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:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LEOPOLD, KORN, LEOPOLD & SNYDER, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 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: JENNIFER SNYDER

07/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GROISMAN, HORACIO
Address: 1321 NW 14TH STREET - SUITE 204
City-St-Zip: MIAMI, FL 33125

Title: MGR () Delete
Name: KLEIDERMACHER, PAUL
Address: 1321 NW 14TH STREET - SUITE 204
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: HORACIO GROISMAN

MGR

07/03/2006

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