2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# L05000107646

Entity Name: HEGUI, LLC

Current Principal Place of Business:

1415 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1415 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 82-0587197 **FEI Number Applied For ( )** **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:

NEMNI, SIMON
5151 COLLINS AVE
730
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

NEMNI, SIMON
5151 COLLINS AVE
H
MIAMI BEACH, FL 33140 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: SIMON NEMNI 06/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COLLATTI, VICTOR S
Address: 500 WEST 18 STREET
City-St-Zip: HIALEAH, FL 33019

Title: MGR (X) Delete
Name: NEMNI, SIMON
Address: 5151 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NEMNI, SIMON
Address: 5151 COLLINS AVENUE SUITE H
City-St-Zip: MIAMI BEACH, FL 33140

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: SIMON NEMNI MGR 06/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date