

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109871

Entity Name: HL SUNILAND, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131

**New Mailing Address:**

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

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

LEWIS, HAROLD L  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., SUITE 2400  
MIAMI, FL 33131 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, HAROLD L  
Address: 2 SOUTH BISCAYNE BLVD., SUITE 2400  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: HESSER, ANDREW  
Address: 10124 S.W. 103TH TERRACE  
City-St-Zip: MIAMI, FL 33176

**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 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: HAROLD L. LEWIS

MGRM

04/25/2007

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