


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000111876 1. Entity Name HYBRID PROPERTIES, LLC	
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Principal Place of Business 9165 N.W. 96 STREET MEDLEY, FL 33178	Mailing Address 9165 N.W. 96 STREET MEDLEY, FL 33178
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**DO NOT WRITE IN THIS SPACE**



01192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3856806	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  REMIOR, EMILIO 9165 N.W. 96 STREET MEDLEY, FL 33178
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature recquired when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REMIOR, EMILIO 9165 N.W. 96 STREET MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REMIOR, JENNIFER 9165 N.W. 96 STREET MEDLEY, FL 33178
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 01/31/07-80023-001 50.00

**DO NOT WRITE 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:** *Jennifer Remior* - Jennifer Remior **1-25-07** 305-883-8722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #