


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

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| DOCUMENT # L0500011876 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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01172008No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 20-3856806 | Applied For Not Applicable |
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|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000815876
02/14/08-80025-023 143.75

9. MANAGING MEMBERS/MANAGERS

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| 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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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 1-17-08 305-883-8722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #