2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTE NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L05000117699

1. Entity Name H H & B FLORIDA, LLC



FILED

Jan 30, 2007 08:00 AM

Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

555 WASHINGTON AVENUE MIAMI BEACH, FL 33139 555 WASHINGTON AVENUE MIAMI BEACH, FL 33139



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3946898 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINGER, DAVID 150 WEST FLAGLER ST., 2200 MUSEUM TOWER MIAMI, FL 33130

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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTC, Registered Agent signature regulary when reinstating)	DAYE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR H & H FLORIDA INVESTMENTS, LLC 425 EAST 61 ST., 4TH FLOOR NEW YORK, NY 10021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UÖÖ000611523 02/02/07-80067-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	······································
TITLE NAME STREET ADDRESS CITY-ST-ZIP			en e
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shalling company or the receiver or trustee employered to execute the receiver of the receiver or trustee employered to execute the receiver of the receiver or trustee employered to execute the receiver of the receiver or trustee employered to execute the receiver of the receiver or trustee employered to execute the receiver of the receiver or trustee employered to execute the receiver of the receiver of the receiver of the receiver or trustee employered to execute the receiver of	ualify for the exemptions contained in Chapter tall have the same legal effect as if made under oute this report as required by Chapter 608, Flori	19, Florida Statutes. I further certify that the information oath; that I am a managing member or manager of the da Statutes.