2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L05000119687

Entity Name: HIALEAH WEST INVESTMENTS, LLC

Current Principal Place of Business:

11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165

New Mailing Address:

FEI Number: 06-1764967 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAURY, ALBERT R
11501 SW 40 STREET
2ND FLOOR
MIAMI, FL 33165 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:	MGR	( ) Delete
Name:	HIALEAH WEST INVESTM, ENTS, INC.	
Address:	11501 SW 40 STREET 2ND FLOOR	
City-St-Zip:	MIAMI, FL 33165	
Title:	C	( ) Delete
Name:	LEON, BENJAMIN JR	
Address:	11501 SW 40 ST	
City-St-Zip:	MIAMI, FL 33165	
Title:	P	( ) Delete
Name:	LEON, BENJAMIN III	
Address:	11501 SW 40 ST	
City-St-Zip:	MIAMI, FL 33165	
Title:	V	( ) Delete
Name:	MAURY, ALBERT	
Address:	11501 SW 40 ST	
City-St-Zip:	MIAMI, FL 33165	
Title:	S	( ) Delete
Name:	LEON, LOURDES	
Address:	11501 SW 40 ST	
City-St-Zip:	MIAMI, FL 33165	
Title:	T	( ) Delete
Name:	LEON, SILVIA	
Address:	11501 SW 40 ST	
City-St-Zip:	MIAMI, FL 33165	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ANN MARY PARDO CFO 04/28/2008

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