

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000362

FILED
Jan 15, 2009
Secretary of State

Entity Name: HR & MT INVESTMENTS, LLC

Current Principal Place of Business:

2051 NW 112TH AVENUE
121
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2051 NW 112TH AVENUE
SUITE 121
MIAMI, FL 33172

New Mailing Address:

2051 NW 112TH AVENUE
121
MIAMI, FL 33172

FEI Number: 20-4057320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORNE, MARTA M
2051 NW 112TH AVENUE
SUITE 121
MIAMI, FL 33172 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: M () Delete
Name: HR & MT INVESTMENTS,, LLC
Address: 2051 NW 112TH AVENUE, SUITE 121
City-St-Zip: MIAMI, FL 33172

Title: M () Delete
Name: HR & MT INVESTMENTS,, LLC
Address: 2051 NW 112TH AVENUE, SUITE 121
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: LLC (X) Change () Addition
Name: HR & MT INVESTMENTS,, LLC
Address: 2051 NW 112TH AVENUE, SUITE 121
City-St-Zip: MIAMI, FL 33172

Title: LLC (X) Change () Addition
Name: HR & MT INVESTMENTS,, LLC
Address: 2051 NW 112TH AVENUE, SUITE 121
City-St-Zip: MIAMI, FL 33172

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: MARTA M TORNE

MGR

01/15/2009

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