2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008096

1. Entity Name HUPPS MILL PLAZA, LLC



FILED Jan 22, 2008 08:00 AN Secretary of State

Principal Place of Business

801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162 Mailing Address

801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
11-3768508
Applied For
Not Applied Selection

5. Certificate of Status Desired
Fee Required
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL H 801 N.E. 167TH STREET, 2ND FLOOR NORTH MIAMI BEACH, FL 33162

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 apolicable

(NOTE Registered Agent signature required when reinstating)

DATE

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

000000791478 01/23/08-80076-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEISER, MICHAEL W 801 NE 167TH ST 2ND FLOOR NORTH MIAMI BEACH, FL 33162
TITLE NAMI' SIREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
HAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	

Michael

DO NOT WRITE IN THIS SPACE

11. Thereby 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

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

1-15-01

305-690-9100

Daytime Phone it