


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90151 026 \*\*\*\*50.00

<b>DOCUMENT # L06000025657</b>	
1. Entity Name <b>HCAM LAGO MAR, LLC</b>	

Principal Place of Business <b>2315 NW 107 AVENUE, UNIT 1M13 MIAMI, FL 33172</b>	Mailing Address <b>2315 NW 107 AVENUE, UNIT 1M13 MIAMI, FL 33172</b>
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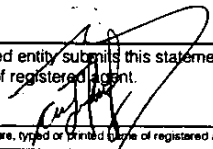
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02262007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
<b>CALAS, PERLA SOLE ESQ. 15450 NEW BARN ROAD, SUITE 302 MIAMI LAKES, FL 33014</b>	

7. Name and Address of New Registered Agent	
Name <b>HENRY CONTRERAS</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>2315 N.W. 107TH AVE SUITE 1M13</b>	
City <b>MIAMI</b>	FL Zip Code <b>33172</b>


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 <b>02.26.07</b>

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>02.26.07</b> (786)-845-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

Daytime Phone # **EXT 202**