

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000025860

1. Entity Name
HI, LLC



Principal Place of Business

800 DOUGLAS ROAD
NORTH TOWER, SUITE 500
CORAL GABLES, FL 33134 US

Mailing Address

800 DOUGLAS ROAD
NORTH TOWER, SUITE 500
CORAL GABLES, FL 33134 US



02112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUZIN, DANIEL
800 DOUGLAS ROAD
NORTH TOWER SUITE 500
CORAL GABLES, FL 33134

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000831100
02/27/08-80003-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SF PARTNERS MORTGAGE LLC
STREET ADDRESS	800 DOUGLAS ROAD NORTH TOWER STE 500
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

**SIGN
HERE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 608, 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:

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

Date

Daytime Phone #