2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 10, 2007 8:00 am
Secretary of State

04-13-2007 90037 021 ****50.00

30007369

01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000034270

1. Entity Name
HVILLE, L.L.C.

Principal Place of Business	Mailing Address
% JOSEPH A. GLICK, P.A. 9130 S. DADELAND BOULEVARD #1218 MIAMI, FL 33156	% JOSEPH A. GLICK, P.A. 9130 S. DADELAND BOULEVARD #1218 MIAMI, FL 33156
2. Principal Place of Business - No P.O. Box # 7300 N. Kendall Drive	3. Mailing Address 7300 N. Kendall Drive
Suite, Apt. #, etc. 380	Suite, Apt. #, etc. 380
City & State Miami, Florida	City & State Miami, Florida
Zip 33156 / Country	Zip 33156 / Country

4. FEI Number 38-3757575 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GLICK, JOSEPH A
9130 S. DADELAND BOULEVARD #1218
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name Same

Street Address (P.O. Box Number is Not Acceptable)

7300 N. Kendall Drive, Suite 380

City Miami FL Zip Code 33156

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 _____ 4-10-07.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

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	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLICK, JOSEPH A	NAME	
STREET ADDRESS	9130 S. DADELAND BD. #1218	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GLICK, SHARON A	NAME	
STREET ADDRESS	9130 S. DADELAND BD. #1218	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33156	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 4-10-07 305-668-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #