2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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

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01042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7300 N. Kendall Drive	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 reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLICK, JOSEPH A 9130 S. DADELAND BD. #1218 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLICK, SHARON A 9130 S. DADELAND BD. #1218 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4-10-07 305-668-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #