


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000035365  
 1. Entity Name  
 HPP, LLC



Principal Place of Business 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134	Mailing Address 2800 PONCE DE LEON BLVD., SUITE 1125 MIAMI, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4800230	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SEIF, EVAN D  
 2800 PONCE DE LEON BLVD., SUITE 1125  
 MIAMI, FL 33134

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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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reappointing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, BARRY 2801 NE 208TH TERRACE SUITE 102 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERMAN, JUDY 2801 NE 208TH TERRACE SUITE 102 AVENTURA, FL 33180
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100000810844  
 02/01/08-80002-025 138.75

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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: Judy Silverman Date: 1/28/08 Daytime Phone #: 305-705-0026

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