2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 22, 2008 08:00 A Secretary of State DOCUMENT # L06000047282 1. Entity Name HLS, LLC Principal Place of Business Mailing Address 2721 S.W. 27TH AVENUE 2721 S.W. 27TH AVENUE MIAMI, FL 33133 MIAMI, FL 33133 CR2E083 (12/07) 01162008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0591502 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, MICHAEL D DO NOT WRITE 1230 N.W. 7 STREET MIAMI, FL 33125 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 reinstating) Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS my sound of the front white the first for TITLE MGRM SEQ16700000 NAME SIMON, HERBERT L STREET ADDRESS 2721 S.W. 27TH AVENUE CITY-ST-ZIP MIAMI, FL 33133 ..., 01/23/08-80058-001:138.75 TITLE NAME SIMON, JEANNETTE STREET ADDRESS 2721 S.W. 27TH AVENUE CITY-ST-ZIP MIAMI, FL 33133 TITLE NAME STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY-ST-ZIP DILE NAME the second secon STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

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

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