
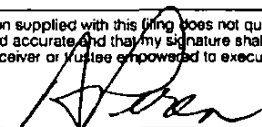


FILED  
Jul 17, 2007 8:00 am  
Secretary of State

03-05-2007 90281 002 \*\*\*\*55.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |                                 |  |   |
|--|---------------------------------|--|---|
| <b>DOCUMENT # L06000052547</b>   |                                 |   |   |
| 1. Entity Name<br>HV HOLDINGS, LLC   |                                 | ACCOUNT DE   |   |
| Principal Place of Business<br>PO BOX 141014<br>CORAL GABLES, FL 33114   |                                 | Mailing Address<br>PO BOX 141014<br>CORAL GABLES, FL 33114   |   |
| 2. Principal Place of Business - No P.O. Box #   |                                 | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |                                 | Suite, Apt. #, etc.  |   |
| City & State   |                                 | City & State   |   |
| Zip  | Country                         | Zip  | Country   |
| 6. Name and Address of Current Registered Agent<br>CTC MANAGEMENT SERVICES, LLC<br>220 ALHAMBRA CIRCLE, 11TH FLOOR<br>CORAL GABLES, FL 33114   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 renouncing)<br>Signature, typed or printed name of registered agent and title if applicable. DATE  |                                 |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |                                 | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |                                 | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HARBOR VIEW INVESTMENTS, INC.<br>357 ALMERIA AVENUE, APT. 1107<br>CORAL GABLES, FL 33134<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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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:    |                                 | 2/5/07 (786) 417-8570  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                 | Date Daytime Phone #   |   |