

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058264

FILED  
May 11, 2009  
Secretary of State

Entity Name: HIALEAH 12TH ADDITION, LLC.

**Current Principal Place of Business:**

3971 SW 8TH STREET  
202  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

3971 SW 8TH STREET  
SUITE 202  
CORAL GABLES, FL 33134

**Current Mailing Address:**

3971 SW 8TH STREET  
202  
CORAL GABLES, FL 33134

**New Mailing Address:**

3971 SW 8TH STREET  
SUITE 202  
CORAL GABLES, FL 33134

FEI Number: 20-5904969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

JULIA, ROBERT J  
7730 NW 72ND AVENUE  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

CORTIZA, IOVANY  
3971 SW 8TH STREET  
SUITE 202  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: IOVANY CORTIZA

05/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORTIZA, IOVANY  
Address: 3971 SW 8TH STREET, SUITE 202  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IOVANY CORTIZA

MGMR

05/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date