2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/28/2007-90065-048-$50.00-$50.00

FILED
07 OCT -5 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000114301

1. Entity Name

THE H.N.Z. GROUP, L.L.C.

Principal Place of Business	Mailing Address
100 ANDALUSIA ~~204~~ 203 CORAL GABLES FL 33134 US	P.O. BOX 140234 CORAL GABLES FL 33114 US

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 ANDALUSIA AVE	
Suite, Apt. #, etc. APT # 203	Suite, Apt. #, etc.
City & State CORAL GABLES FL	City & State
Zip 33134 Country USA	Zip Country

4. FEI Number
20-5952661
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUSA, RINEL 100 ANDALUSIA AVENUE 204 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailed/faxed)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOUSA, RINEL		NAME		
STREET ADDRESS	P.O. BOX 140234		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33114 - 0234		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOUSA, RANDALL		NAME		
STREET ADDRESS	P.O. BOX 140234		STREET ADDRESS		
CITY-ST-ZIP	CORAL GBALES FL 33114-0234		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ 8/31/07 (305) 6631533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #