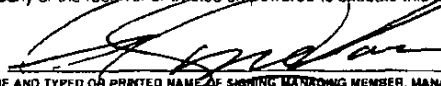


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUMENT # L06000114301 1. Entity Name THE H.N.Z. GROUP, L.L.C.						FILED 07 OCT -5 PM 2:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 100 ANDALUSIA AVE CORAL GABLES FL 33134 US				Mailing Address P.O. BOX 140234 CORAL GABLES FL 33114 US			
2. Principal Place of Business - No P.O. Box # 100 ANDALUSIA AVE				3. Mailing Address Suite, Apt. #, etc. APT # 203			
City & State CORAL GABLES FL				City & State FL		4. FEI Number 20-5952661	
Zip 33134		Country USA		Zip 33134		Country USA	
6. Name and Address of Current Registered Agent SOUSA, RINEL 100 ANDALUSIA AVENUE 204 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent 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 date if applicable (NOTE: Registered Agent signature required when re-registering)							
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 NAME SOUSA, RINEL STREET ADDRESS P.O. BOX 140234 CITY-ST-ZIP CORAL GABLES FL 33114 - 0234				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MGRM ☐ Delete NAME SOUSA, RANDALL STREET ADDRESS P.O. BOX 140234 CITY-ST-ZIP CORAL GABLES FL 33114 - 0234				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP			
REINSTATEMENT							
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:  8/30/07 (305) 6631533 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAYTIME PHONE #							