

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90031 013 \*\*\*\*55.00

<b>DOCUMENT # L06000118600</b>					
<b>1. Entity Name</b> HAMMONDVILLE SHOPPES, LLC					
<b>Principal Place of Business</b> 801 W. MCNAB ROAD POMPANO BEACH, FL 33060			<b>Mailing Address</b> 801 W. MCNAB ROAD POMPANO BEACH, FL 33060		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>		
<b>5. Name and Address of Current Registered Agent</b> ROY, DAVID R ESQ. 4209 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33064					
<b>7. Name and Address of New Registered Agent</b> Name: <u>HENRI HAGE</u> Street Address (P.O. Box Number is Not Acceptable): <u>801 W. MCNAB RD.</u> City: <u>POMPANO BEACH</u> FL <u>33060</u>					
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <span style="float: right;">DATE: <u>4/27/07</u></span>					
Filing Fee is \$50.00 Due by May 1, 2007					
Make check payable to Florida Department of State					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete HAGE, HENRI 801 W. MCNAB ROAD POMPANO BEACH, FL 33060				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
SIGNATURE: <u>[Signature]</u> <u>HENRI HAGE MGRM</u> <span style="float: right;">DATE: <u>4/27/07</u></span>					

30011563



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8027130 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Zip Code 33060

DATE 4/27/07

954-783-8284