

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000006630

FILED
Oct 14, 2009
Secretary of State**Entity Name:** MUTUAL OF HALLANDALE II, LLC.**Current Principal Place of Business:**555 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**New Principal Place of Business:****Current Mailing Address:**555 WASHINGTON AVENUE
MIAMI BEACH, FL 33139**New Mailing Address:****FEI Number:** 20-8260530**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GENET, CHAVA E
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: SOPHER, JACOB I
Address: 425 EAST 61ST STREET
City-St-Zip: NEW YORK, NY 10065**Title:** VP () Delete
Name: MARRELL, GARY R
Address: 425 EAST 61ST STREET
City-St-Zip: NEW YORK, NY 10065**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: H H & B FLORIDA, LLC
Address: 555 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139**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: JACOB SOPHER

MGR

10/14/2009

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