

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


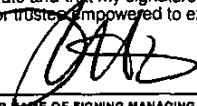
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Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90239 033 ***143.75

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02192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000017006					
1. Entity Name HERAR REALTY, L.L.C.					
Principal Place of Business 7101 NORTHWEST 43RD STREET MIAMI, FL 33166			Mailing Address C/O IVAN A GOMEZ, P.A. 601 BRICKELL KEY DRIVE, STE 507 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8806080	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> * * \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, STE 507 MIAMI, FL 33131			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. IAG CORPORATE SERVICES, INC.					
SIGNATURE <u>BY:</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	Manager	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Jose C. Hernandez	
STREET ADDRESS			STREET ADDRESS	7101 NW 43 ST.	
CITY - ST - ZIP			CITY - ST - ZIP	Miami, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		
Jose C. Hernandez, Manager			(305) 371-9213		