


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90190 040 ***138.75

DOCUMENT # L07000021386

1. Entity Name
 HBY CORAL GABLES, LLC



Principal Place of Business Mailing Address

1395 BRICKELL AVENUE 1395 BRICKELL AVENUE
 900 900
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

370 Minorca Ave 370 Minorca Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.



04252008 Chg-LLC CR2E083 (12/06)

City & State City & State

Coral Gables FL Coral Gables FL

Zip Country Zip Country

33134 USA 33134 USA

4. FEI Number Applied For

20 8522487 Not Applicable

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

6. Name and Address of Current Registered Agent

MARITZA, BEHNEY
 1395 BRICKELL AVENUE
 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Ximena Berrios

Street Address (P.O. Box Number is Not Acceptable)

370 Minorca Ave

City State Zip Code

Coral Gables FL 33134

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 Ximena Berrios DATE 4.24.08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOLLY, WILLIAM H 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM YEUNG, HOI SANG 4104 AURORA STREET CORAL GABLES, FL 33146 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM MCCAMMON, ROBERT K 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" 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 |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 370 Minorca Ave Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 370 Minorca Ave Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 4/24/08 DAYTIME PHONE # 305-777-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #