

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90237 006 ***138.75

DOCUMENT # L07000105067 1. Entity Name HBAR REALTY LLC					
Principal Place of Business 2755 E OAKLAND PARK BLVD SUITE 300 FT LAUDERDALE, FL 33306			Mailing Address 2755 E OAKLAND PARK BLVD SUITE 300 FT LAUDERDALE, FL 33306		
2. Principal Place of Business - No P.O. Box # 10844 SW 77 COURT		3. Mailing Address 10844 SW 77 COURT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 26-1252555	
Zip 33156		Country USA		Applied For ☐ Not Applicable	
Zip 33156		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, PAUL J 2755 E OAKLAND PARK BLVD SUITE 300 FT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name BARRY J. KATZ Street Address (P.O. Box Number is Not Acceptable) 10844 SW 77 COURT City MIAMI FL Zip Code 33156		
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 <u><i>Barry J. Katz</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/1/08</u>					
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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 <u><i>Barry J. Katz</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>3/3/08</u> Daytime Phone # <u>(305) 663-6717</u>		