

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 03, 2009  
Secretary of State**

DOCUMENT# L08000104004

Entity Name: THE HAND INSTITUTE PL

**Current Principal Place of Business:**

8905 S.W. 87 AVENUE  
MIAMI, FL 33176

**New Principal Place of Business:**

8905 S.W. 87 AVENUE  
SUITE 100  
MIAMI, FL 33176

**Current Mailing Address:**

8905 S.W. 87 AVENUE  
MIAMI, FL 33176

**New Mailing Address:**

8905 S.W. 87 AVENUE  
SUITE 100  
MIAMI, FL 33176

FEI Number: 26-3671200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCAGEDO, ANA M  
8905 S.W. 87 AVENUE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

ESCAGEDO, ANA M  
8905 S.W. 87 AVENUE  
SUITE 201  
MIAMI, FL 33176 US

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: ANA M. ESCAGEDO

11/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ORBAY, JORGE L  
Address: 8905 SW 87 AVENUE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ORBAY, JORGE L  
Address: 8905 SW 87 AVENUE, SUITE 100  
City-St-Zip: MIAMI, FL 33176

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: JORGE L. ORBAY

MGR

11/03/2009

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