


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L98000001244
 1. Entity Name
 330 WEST ASSOCIATES HIALEAH, L.L.C.



Principal Place of Business 15 MAPLE AVENUE MORRISTOWN, NJ 07960	Mailing Address 15 MAPLE AVENUE MORRISTOWN, NJ 07960
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03272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3641855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORTION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION, FL 33324

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 330 WEST HIALEAH, INC. 15 MAPLE AVENUE MORRISTOWN, NJ 07960
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 05/13/06-80044-001 50.00

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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, officer, receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: By Brandon A. Hanson, Director 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #