2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000001324

1. Entity Name
HOF-SOUTH BEACH LLC

Principal Place of Business	Mailing Address
C/O NEWBRIDGE REALTY CAPITAL LLC 381 PARK AVENUE, SUITE 428 NEW YORK, NY 10016	C/O NEWBRIDGE REALTY CAPITAL LLC 381 PARK AVENUE, SUITE 428 NEW YORK, NY 10016

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
C/O Hudson Realty Capital	C/O Hudson Realty Capital
Suite, Apt. #, etc. 250 Park Ave. South, 3d Fl	Suite, Apt. #, etc. 250 Park Ave South, 3d Fl.
City & State New York, NY	City & State New York, NY
Zip 10003 Country USA	Zip 10003 Country USA

02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number		Applied For
20-2973674		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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.

SIGNATURE _____

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		**10.**		ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUDSON OPPORTUNITY FUND I LLC 381 PARK AVENUE, SUITE 428 NEW YORK, NY 10016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 Park Ave. South, 3rd Fl. New York, NY 10003	☒ 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

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: _____ 2/6/07 (212) 532-3553

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