

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # M06000001931

1. Entity Name
H & G PEMBROKE, LLC



Principal Place of Business
**65 WEST 36TH STREET, SUITE 1200
NEW YORK, NY 10018**

Mailing Address
**65 WEST 36TH STREET, SUITE 1200
NEW YORK, NY 10018**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4711588

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GY CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BOULEVARD, SUITE 3400
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000792776
01/24/08-80022-013 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIDARY, JACK A
1019 EAST 9TH STREET
BROOKLYN, NY 11230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDSCHMIDT, JONAH
1101 EAST 4TH STREET
BROOKLYN, NY 11230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIDARY, ABRAHAM J
1125 EAST 8TH STREET
BROOKLYN, NY 11230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HIDARY, EDDIE J
1019 EAST 9TH STREET
BROOKLYN, NY 11230**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

1-4-08

Daytime Phone #