


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90248 022 ***138.75

DOCUMENT # M07000004244	
1. Entity Name HFI ACQUISITIONS COMPANY LLC	

Principal Place of Business C/O HERRICK FEINSTEIN//ATN: N. BERGMANN 2 PARK AVENUE NEW YORK, NY 10016	Mailing Address C/O HERRICK FEINSTEIN//ATN: N. BERGMANN 2 PARK AVENUE NEW YORK, NY 10016
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60012929



2. Principal Place of Business - No P.O. Box # 326 Third Street Suite, Apt., #, etc. Attn: Lynette Hamdi City & State Lakewood, NJ Zip 08701 Country USA	3. Mailing Address 326 Third Street Suite, Apt., #, etc. Attn: Lynette Hamdi City & State Lakewood, NJ Zip 08701 Country USA
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01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0529374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HFI INVESTMENT HOLDINGS LLC 326 THIRD STREET LAKEWOOD, NJ 08701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lynette Hamdi Lynette Hamdi 1-29-08 732-367-0129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # X138