

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000162373

**Entity Name:** HFRP TRUST, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134

**FEI Number:** 47-2867063

**Certificate of Status Desired:** No

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

HALPERN, JAY  
150 ALHAMBRA CIRCLE  
1100  
CORAL GABLES, FL 33134 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name HALPERN, JAY  
Address 150 ALHAMBRA CIRCLE - SUITE 1100  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HALPERN, SAUNDRA  
Address 601 CASUARINA CONCOURSE  
City-State-Zip: CORAL GABLES FL 33143

Title MGR  
Name HALPERN, FRANK B  
Address 501 ARAGON AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name HALPERN, MITCHELL R  
Address 1200 WEST AVENUE APT 225  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAY HALPERN

**MGR**

**03/04/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date