


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000093341

1. Entity Name
HILLSBORO KING'S VILLAGE, LLC



Principal Place of Business Mailing Address

4031 N. CYPRESS DRIVE 4031 N. CYPRESS DRIVE
BLDG 80, APT 202 BLDG 80, APT 202
POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



02282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
55-0902410 Not Applicable

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

6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
SAMUEL J. CANTOR, P.A.
2499 GLADES ROAD, SUITE 210
BOCA RATON, FL 33431

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IN THIS SPACE**

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

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

000000461481
03/20/06-80054-003 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|------------------------------------------------|--------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GASPARINI, GRAZIANO A 4031 N. CYPRESS DRIVE POMPANO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LUISA MARGOIES GASPARINI 4031 N. CYPRESS DRIVE POMPANO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ISIS CARBAJAL-DE-GARCIA 1041 RAVEN STREET MIAMI SPRINGS, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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 605, Florida Statutes.

SIGNATURE: _____ 3-30-2006 (954) 974-5639

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