

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90317 040 ***138.75



DOCUMENT # L04000093341

1. Entity Name
HILLSBORO KING'S VILLAGE, LLC

Principal Place of Business
**4031 N. CYPRESS DRIVE
BLDG 80, APT 202
POMPANO BEACH, FL 33069**

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

55-0902410

Applied For

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

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

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

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM Delete
NAME: GASPARINI, GRAZIANO A
STREET ADDRESS: 4031 N. CYPRESS DRIVE
CITY-ST-ZIP: POMPANO BEACH, FL 33069

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: MGRM Delete
NAME: LUISA MORGOLIES GASPARINI
STREET ADDRESS: 4031 N. CYPRESS DRIVE
CITY-ST-ZIP: POMPANO BEACH, FL 33069

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: MGRM Delete
NAME: ISIS CARBAJAL-DE-GARCIA
STREET ADDRESS: 1041 RAVEN STREET
CITY-ST-ZIP: MIAMI SPRINGS, FL 33166

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
MARGOLIES

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 15, 2008

Date

Daytime Phone #