


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90307 023 \*\*\*\*50.00

<b>DOCUMENT # L05000099564</b>	
<b>1. Entity Name</b> HUSH PROPERTIES OF FLORIDA, LLC	

<b>Principal Place of Business</b> 7992 52ND WAY N PINELLAS PARK FL 33781 US	<b>Mailing Address</b> 7992 52ND WAY N PINELLAS PARK FL 33781 US
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<b>2. Principal Place of Business - No P.O. Box #</b> 6635 69th Ave N.	<b>3. Mailing Address</b> 6635 69th Ave N.
<b>Suite, Apt. #, etc.</b> Pinellas Park	<b>Suite, Apt. #, etc.</b>

<b>City &amp; State</b> FL	<b>City &amp; State</b> Pinellas Park, FL
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<b>Zip</b> 33781	<b>Country</b>	<b>Zip</b> 33781	<b>Country</b>
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<b>4. FEI Number</b> 20-3616017	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PROGRESSIVE ACCOUNTING SOLUTIONS, P.A., 1487 FRANKLIN ST CLEARWATER FL 33755
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<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Progressive Accounting Solutions <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1554 S. Ft. Harrison Ave <b>City</b> Clearwater <b>FL</b> <b>Zip Code</b> 33756
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<b>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.</b>	
<b>SIGNATURE</b> <i>Kenneth Adridge</i> <i>Vice president</i>	<b>DATE</b> 1/31/07

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<b>MGRM</b> ESPOSITO, CARRIE E 7992 52ND WAY N PINELLAS PARK FL 33781 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6635 69th Ave N. Pinellas Park, FL 33781
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

<b>SIGNATURE:</b> <i>Carrie Esposito</i>	<b>DATE</b> 1/31/07	<b>DAYTIME PHONE #</b> 727-729-9089
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>		