


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 042 ****50.00

DOCUMENT # M05000005705					
1. Entity Name HIBISCUS BOULEVARD 12, LLC					
Principal Place of Business 500 E. NORTH STREET, SUITE F GREENVILLE SC 29601			Mailing Address 500 E. NORTH STREET, SUITE F GREENVILLE SC 29601		
2. Principal Place of Business 101 N. Main Street		3. Mailing Address 101 N. Main Street			
Suite, Apt. #, etc. Suite 1203		Suite, Apt. #, etc. Suite 1203			
City & State Greenville, SC		City & State Greenville, SC			
Zip 29601	Country USA	Zip 29601	Country USA		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIC PROPERTIES, LLC 500 E. NORTH STREET, SUITE F GREENVILLE SC 29601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME Howard H. Stone Revocable Trust 101 N. Main Street, Suite 1203 Greenville, SC 29601	<input checked="" 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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1st MOORE CR2E083 (10/05)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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.

SIGNATURE: *Howard H. Stone* **MANAGER** *4/14/06* **800.577.4842**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #