FILED
Jun 19, 2008 8:00 am
Secretary of State

04-28-2008 90042 034 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005707

1. Entity Name
HIBISCUS BOULEVARD 15, LLC

Principal Place of Business	Mailing Address
101 N MAIN ST STE 1203 GREENVILLE, SC 29601	101 N MAIN ST STE 1203 GREENVILLE, SC 29601

02262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
101 N. Main St.		101 N. Main St.	
Suite, Apt. #, etc.: 12th Floor		Suite, Apt. #, etc.: 12th Floor	
City & State: Greenville, SC		City & State: Greenville, SC	
Zip: 29601	Country: USA	Zip: 29601	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI Services, inc.
2731 Executive Park Dr
Suite 4
Weston, FL 33331

7. Name and Address of New Registered Agent

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	MGR ☐ Delete	TITLE	Managing member ☒ Change ☐ Addition
NAME	H. BERNARD QUANTE&SOPHIE M GUARTE 1988 TRU	NAME	H. Bernard Quante & Sophie M. Quante 1988 Trust
STREET ADDRESS	500 E. NORTH STREET, SUITE F	STREET ADDRESS	101 N. Main St. 12th Floor
CITY-ST-ZIP	GREENVILLE, SC 29601	CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: H. BERNARD QUANTE [signature] 3/8/2008 800-577-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Trustee of H. Bernard Quante + Sophie M. Quante 1988 Trust, Managing Member