


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90186 004 ****50.00

DOCUMENT # L02000019432	
1. Entity Name HILLSBORO EXECUTIVE PARK II LLC	

Principal Place of Business C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	Mailing Address C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
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20007273



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0789214	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, BRADFORD A, ESQ. 6161 BLUE LAGOON DR. SUITE 350 MIAMI, FL 33126

7. Name and Address of New Registered Agent	
Name Thomas, Bradford A Esq	
Street Address (P.O. Box Number is Not Acceptable)	
Penthouse Suite, 901 Ponce de Leon Blvd	
City Coral Gables	FL Zip Code 33134

8. The above named entity supports 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.

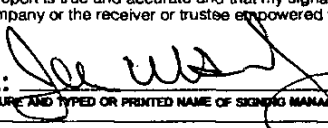
SIGNATURE  **Bradford A. Thomas, Esq.** **2/8/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, JOHN W JR. 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, MELBOURNE 5546 CROYDON COURT BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTHCUTT, TOM 3241 NE 56TH COURT FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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
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
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

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:  **John W. Hoover, Jr.** **2-8-06** **305-642-6220**
MGR ext 151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #