

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005496

1. Entity Name
HILLSBORO COMMONS, LLC



Principal Place of Business
1000 E. HILLSBORO BLVD., STE 100
DEERFIELD BEACH, FL 33441

Mailing Address
1500 W. CYPRESS CREEK RD., STE 407
FORT LAUDERDALE, FL 33309



03142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-1006684 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
1500 W. CYPRESS CREEK ROAD
SUITE 409
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000271854

03/21/05-80065-007 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., SUITE 409 FORT LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRENNER, SCOTT 1500 W. CYPRESS CREEK RD., SUITE 409 FORT LAUDERDALE, FL 33309 |
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #