2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2004 8:00 am
Secretary of State

02-25-2004 90324 001 ***200.00

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1. Entity Name

1135 HILLSBORO, L.L.C.

Principal Place of Business	Mailing Address
7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173	7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173

34002000

MOORE CR2E083 (11/03)

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

4. FEI Number 65-1052725 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MULLER, CHARLES E II 7385 GALLOWAY ROAD SUITE 200 MIAMI FL 33173	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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MEM	☐ Delete	TITLE	MEM, MANAGING MEMBER	☒ Change ☐ Addition
NAME	DESANTIS, DEAN		NAME		
STREET ADDRESS	7600 HYANNIS LANE		STREET ADDRESS	799 Sanctuary Drive	
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	MEM	☐ Delete	TITLE	MEM, MANAGING MEMBER	☒ Change ☐ Addition
NAME	DESANTIS, LAURA		NAME		
STREET ADDRESS	7600 HYANNIS LANE		STREET ADDRESS	799 Sanctuary Drive	
CITY-ST-ZIP	PARKLAND FL 33067		CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laura DeSantis Laura DeSantis 1/28/04 561-394-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #