

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006462

FILED
Feb 17, 2008
Secretary of State

Entity Name: HIBISCUS HOUSE DOWNTOWN HOLDING COMPANY, LLC

Current Principal Place of Business:

501 30TH ST.
WEST PALM BEACH, FL 33407

New Principal Place of Business:

215 28TH STREET
WEST PALM BEACH, FL 33407

Current Mailing Address:

501 30TH ST.
WEST PALM BEACH, FL 33407

New Mailing Address:

215 28TH STREET
WEST PALM BEACH, FL 33407

FEI Number: 33-0996500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, DAVID E CPA
501 30TH ST.
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

BAKER, DAVID E CPA
114 BONEFISH CIRCLE
JUPITER, FL 33477 US

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.

SIGNATURE: DAVID E BAKER CPA

02/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILL, RALEIGH
Address: 501 30TH ST
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLS, RANDY
Address: 215 28TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Change (X) Addition
Name: BAKER, DAVID E
Address: 114 BONEFISH CIRCLE
City-St-Zip: JUPITER, FL 33477

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID E BAKER CPA

MGR

02/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date