


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 APR -7 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007504					
1. Entity Name HILLVIEW SQUARE L.C.					
Principal Place of Business 425 MEADOW LARK DRIVE SARASOTA, FL 34236			Mailing Address 425 MEADOW LARK DRIVE SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 90-0182728	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, CLIFFORD M 2000 MAIN STREET SUITE 303 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name: <u>Joe R. Hembree</u> Street Address (P.O. Box Number is Not Acceptable): <u>1335 Second Street</u> City: <u>Sarasota</u> FL <u>34236</u>		
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: <u>Joe R. Hembree</u> Agent <u>3/2/09</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TIBBETTS, DOUGLAS 1600 RINGLING BOULEVARD SARASOTA, FL 34236		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1626 Ringling Boulevard, Suite 400 Sarasota, FL 34236	
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	
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REINSTATEMENT					
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date				Daytime Phone #	