

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016807

FILED
Jan 24, 2008
Secretary of State

Entity Name: HOPSCOTCH PROPERTIES, LLC

Current Principal Place of Business:

5050 TOWN CENTER CIRCLE
SUITE 239
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

11794 ISLAND LAKES LANE
BOCA RATON, FL 33498

New Mailing Address:

5050 TOWN CENTER CIRCLE
SUITE 239
BOCA RATON, FL 33486

FEI Number: 06-1639738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL, STE. 200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, PAMELA
Address: 11794 ISLAND LAKES LANE
City-St-Zip: BOCA RATON, FL 33498

Title: MGR () Delete
Name: LEAF, ROBERT
Address: 5050 TOWN CENTER CIR STE 239
City-St-Zip: BOCA RATON, FL 33486 US

Title: MGR () Delete
Name: SCOTT, LEAF H
Address: 5050 TOWN CENTER CIRCLE STE 239
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAMELA MILLER

MGRM

01/24/2008

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