


**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L02000019415 1. Entity Name HILLSBORO EXECUTIVE PARK LLC	
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Principal Place of Business C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRLCE CORAL GABLES, FL 33134	Mailing Address C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRLCE CORAL GABLES, FL 33134
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01172005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0789210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMAS, BRADFORD A ESQ  
6181 BLUE LAGOON DR  
STE 350  
MIAMI, FL 33126

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when retaking)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, JOHN W JR 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPI, ANDRE S 3300 NE 56TH CT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTHCUTT, TOM 3241 NE 56TH CT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, MELBOURNE 5546 CROYDON CT BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000201041  
01/28/05-80092-011 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 808, Florida Statutes.

SIGNATURE 	John W. Hoover, Jr MGR 1/25/05	305-642-6220 ext 151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #