

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90039 010 ***138.75

DOCUMENT # L02000019415

1. Entity Name
HILLSBORO EXECUTIVE PARK LLC



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**

60001017



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
55-0789210

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRADFORD, THOMAS A ESQ *Correct name*
**901 PONCE DE LEON BLVD
PENTHOUSE SUITE
CORAL GABLES, FL 33134**

Name **Thomas, Bradford A Esq**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **HOOVER, JOHN.W JR**
STREET ADDRESS **2423 ALHAMBRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **CAPI, ANDRE S**
STREET ADDRESS **3300 NE 56TH CT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **NORTHCUTT, TOM**
STREET ADDRESS **3241 NE 56TH CT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Northcutt, Tom**
STREET ADDRESS **12 Gatehouse Road**
CITY-ST-ZIP **Sea Ranch Lakes, FL 33308**

TITLE **MGR** ☐ Delete
NAME **RAPPAPORT, MELBOURNE**
STREET ADDRESS **5546 CROYDON CT**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **John W. Hoover, Jr.**
MGR

1/11/08 **305-642-6220**
ext 151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #