
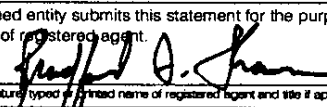
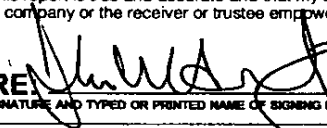


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90273 002 \*\*\*\*50.00

<b>DOCUMENT # L02000019432</b>					
<b>1. Entity Name</b> HILLSBORO EXECUTIVE PARK II LLC					
<b>Principal Place of Business</b> C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			<b>Mailing Address</b> C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 55-0789214	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BRADFORD, THOMAS A ESQ 901 PONCE DE LEONBLVD PENTHOUSE SUITE CORAL GABLES, FL 33134				Name Bradford A. Thomas, Esq.	
				Street Address (P.O. Box Number is Not Acceptable)	
				Penthouse Suite, 901 Ponce de Leon Blvd	
				City Coral Gables <b>FL</b> Zip Code <b>33134</b>	
<b>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.</b>					
SIGNATURE 		Bradford A. Thomas, Esq.		2-8-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOOVER, JOHN W JR. 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPPAPORT, MELBOURNE 5546 CROYDON COURT BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NORTHCUTT, TOM 3241 NE 56TH COURT FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
SIGNATURE 		John W. Hoover, Jr. MGR		305-642-6220 2-12-07 ext 151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					