

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-14-2008 90039 009 ***138.75

DOCUMENT # L02000019432 1. Entity Name HILLSBORO EXECUTIVE PARK II LLC					
Principal Place of Business C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Mailing Address C/O ELIZABETH HOOVER 2700 ALHAMBRA CIRCLE CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 55-0789214	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BRADFORD, THOMAS A ESQ <i>correct name</i> 901 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent 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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR HOOVER, JOHN W JR. 2423 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, MELBOURNE 5546 CROYDON COURT BOCA RATON, FL 33486	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTHCUTT, TOM 3241 NE 56TH COURT FORT LAUDERDALE, FL 33308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Northcutt, Tom 12 Gatehouse Road Sea Ranch Lakes, FL 33308	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition			
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: 		John W. Hoover, Jr. MGR		305-642-6220 ext 151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 1/11/08		Daytime Phone #	