

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90127 036 *****50.00

DOCUMENT # L02000019432

1. Entity Name

HILLSBORO EXECUTIVE PARK II LLC



Principal Place of Business

**2423 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

Mailing Address

**2423 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

2. Principal Place of Business

c/o Elizabeth Hoover

**Suite, Apt. #, etc.
2700 Alhambra Circle**

**City & State
Coral Gables, FL**

**Zip
33134**

Country

3. Mailing Address

c/o Elizabeth Hoover

**Suite, Apt. #, etc.
2700 Alhambra Circle**

**City & State
Coral Gables, FL**

**Zip
33134**

Country

4. FEI Number
55-0789214

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MOODY, BRENT ESQ.
C/O GREENBURG TRAUIG, P.A.
515 EAST LAS OLAS BOULEVARD
FORT LAUDERALE FL 33301**

7. Name and Address of New Registered Agent

Name **Thomas, Bradford A, Esq**

Street Address (P.O. Box Number is Not Acceptable)
**6161 Blue Lagoon Dr
Suite 350**

City **Miami** **FL** Zip Code **33126**

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

Bradford A. Thomas

4/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Rappaport, Melbourne**
STREET ADDRESS **5546 Croydon Court**
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Northcutt, Tom**
STREET ADDRESS **3241 NE 56th Court**
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

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

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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, Manager 4/14/03 305-642-6220 ext 151

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

Date

Daytime Phone #

CR2E083 (10/02)