## Apr 18, 2005 8:00 am Secretary of State 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 04-18-2005 90071 033 \*\*\*\*50.00 **DOCUMENT # L02000021502** 1. Entity Name HILLSBORO SHORES, L.L.C. Principal Place of Business Mailing Address 20034719 2645 NE 207TH ST. #101 2645 NE 207TH ST. #101 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02222005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 30-0109426 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNYDER, JENNIFER S Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD STE 581 AVENTURA, FL 33180 Zip Code City 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 Synature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ■ Addition MGR TITLE ☐ Change TITLE ☐ Defete GLOBAL DEVELOPMENT LLC NAME MARKE STREET ADDRESS STREET ADDRESS 2645 NE 207TH ST CITY-ST-ZIP CITY-ST-ZIP AVENTURA, FL 33180 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information for 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supply indicated on this report is true and accurate limited liability company or the receive

CITY-ST-ZIP

STREET ADDRESS

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

**FILED**