

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029428 1. Entity Name HILLSBORO PINES GOLF VENTURES, L.L.C.	
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Principal Place of Business HILLSBORO PINES GOLF VENTURES 2410 CENTURY BLVD. DEERFIELD BEACH, FL 33442	Mailing Address HILLSBORO PINES GOLF VENTURES 2410 CENTURY BLVD. DEERFIELD BEACH, FL 33442
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DO NOT WRITE IN THIS SPACE

02152006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0528730	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VITALE, STEVEN G 32-C S.E. OSCEOLA STREET STUART, FL 34994	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

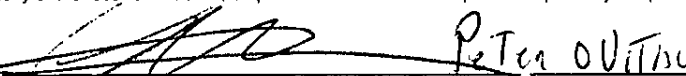
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VITALE, PETER 4180 CORAL HILLS DRIVE CORAL SPRINGS, FL 33065
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06/08/06-80004-001-55.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/26/06 Date	954-4992714 Daytime Phone #
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