

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041664

Entity Name: HILLSBOROUGH 802, LLC

FILED
Feb 26, 2004
Secretary of State

Current Principal Place of Business:

BUILDING 17, SUITE 100
8255 DUNWOODY PLACE
ATLANTA, GA 303503302

Current Mailing Address:

BUILDING 17, SUITE 100
8255 DUNWOODY PLACE
ATLANTA, GA 303503302

New Principal Place of Business:

BUILDING 17, SUITE 100
8255 DUNWOODY PLACE, BUILDING 17
ATLANTA, GA 303503302

New Mailing Address:

BUILDING 17, SUITE 100
8255 DUNWOODY PLACE, BUILDING 17
ATLANTA, GA 303503302

FEI Number: 20-0395877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: PATTON, JAMES V
Address: 3430 OLD PLANTATION ROAD
City-St-Zip: ATLANTA, GA 30327 US

Title: MGRM () Change (X) Addition
Name: BEVILL, MARK R
Address: 7410 WYNFIELD DRIVE
City-St-Zip: CUMMING, GA 30040 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARK R. BEVILL

MGRM

02/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date