## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000002061

1. Entity Name
HILLSIDE FUTURE HOLDINGS, LLC



Principal Place of Business

C/O 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433 US Mailing Address

C/O 7000 WEST PALMETTO PARK ROAD SUITE 310

BOCA RATON, FL 33433 US

FILED Apr 22, 2008 08:00 AN Secretary of State



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
42-1615842	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ. 7000 WEST PALMETTO PARK ROAD SUITE 310 BOCA RATON, FL 33433

The great transmit is a track of

the obligations of registered agent.

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

U00000914324

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. ————————————————————————————————————	NOTE: Registered Agent signature i	(gritatanier nerhw berlupe	<del>- 02/00/08-8</del> (	0052-017	<del>-138.75</del>			
3: 55; 3:1 (gr	NOW!!! FEE IS \$138,75 1, 2008 Fee will be \$538.75	¥ ·							
9.	MANAGING MEMBERS/MANAGERS				. di				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHLEY, ROBERT G C/O 7000 W PALMETTO PARK RD STE 310 BOCA RATON, FL 33433		4.		s. , ,,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE						
TITLE NAME			IN '	THIS SP	ACE				
STREET ADDRESS CITY-ST-ZIP						Sar .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			***						
NAME STREET ADDRESS CITY-ST-ZIP	of moughteen appropriate to a common service and a								
11. I hereby of indicated	certify that the information supplied with this filing does not qual on this report is true and accurate and that my signature shall billity company or the receiver or trustee empowered to execute	ify for the exemptions co have the same legal effer this report as required by	ntained in Chapter 1 ct as if made under c by Chapter 608, Florid	19, Florida Statutes, 1 path; that I am a mana da Statutes.	further certify the	nat the information or manager of the			

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

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