2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000048513

1. Entity Name
HP/STILES LAND PARTNERS, LLC

Principal Place of Business	Mailing Address
6675 CORPORATE CENTER PARKWAY, STE. 100 JACKSONVILLE, FL 32216	6675 CORPORATE CENTER PARKWAY, STE. 100 JACKSONVILLE, FL 32216

04042006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0516134
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALLMARK PARTNERS, INC.
6675 CORPORATE CENTER PARKWAY, STE. 100
JACKSONVILLE, FL 32216

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

000000508916
04/28/06-80024-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HALLMARK PARTNERS, INC
STREET ADDRESS	6675 CORPORATE CENTER PKWY, STE 100
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	MGRM
NAME	FT LAUDERDALE INVESTMENT PART, LTD
STREET ADDRESS	300 SE SECOND STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Date Daytime Phone #