

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000048513 1. Entity Name HP/STILES LAND PARTNERS, LLC	
--	---

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



02122007 No 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

**DO NOT WRITE
IN THIS SPACE**

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 _____

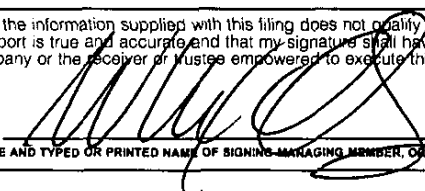
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALLMARK PARTNERS, INC 6675 CORPORATE CENTER PKWY, STE 100 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FT LAUDERDALE INVESTMENT PART, LTD 300 SE SECOND STREET 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	

000000703315
04/20/07-80137-007 50.00

**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 Date _____ Daytime Phone # _____