

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049932

FILED
May 01, 2006
Secretary of State

Entity Name: HILLSBORO OFFICES LLC

Current Principal Place of Business:

5940 NW 65 CT.
PARKLAND, FL 33067 US

New Principal Place of Business:

202 BISCAYNE BLVD.
ISLAMORADA, FL 33036 US

Current Mailing Address:

5940 NW 65 CT.
PARKLAND, FL 33067 US

New Mailing Address:

202 BISCAYNE BLVD.
ISLAMORADA, FL 33036 US

FEI Number: 20-1323718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ESCALANTE, LUIS F
202 BISCAYNE BVD.
ISLAMORADA, FL 33036 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/MANAGERS:

Title: MGRM () Delete
Name: ESCALANTE, LUIS F
Address: 202 BISCAYNE BVD.
City-St-Zip: ISLAMORADA, FL 33036 US

Title: MGRM () Delete
Name: GIRALDO, LUIS F
Address: 5940 NW 65 CT.
City-St-Zip: PARKLAND, FL 33067 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROSSI, CARLOS M
Address: 507 NW 208 DR.
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LUIS F. ESCALANTE

MGRM

05/01/2006

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