


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000006271</b> 1. Entity Name HIBISCUS ISLE PARTNERS LLC	
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Principal Place of Business 11900 BISCAYNE BLVD. SUITE 262 MIAMI, FL 33181	Mailing Address 11900 BISCAYNE BLVD. SUITE 262 MIAMI, FL 33181
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02072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2265588

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOCKEL-STONE, BONNIE  
11900 BISCAYNE BLVD.  
SUITE 262  
MIAMI, FL 33181

**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	MGRM STONE, ELLIOT 11900 BISCAYNE BLVD. SUITE 262 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATWOLE, F. ANDREW 808 NEWTOWN ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIPLEY, F. SCOTT 808 NEWTOWN ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIPLEY, RONALD C 808 NEWTOWN ROAD VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000681056  
04/04/07-80026-025 55.00

**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 #

*[Signature]* Elliot Stone 3/17/07 3059913337