

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90326 046 ****50.00

DOCUMENT # L05000026752

1. Entity Name
US 301, LLC



Principal Place of Business
1600 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

Mailing Address
1600 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US

60047079



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-0996802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK F ESQ.
C/O RUDEN MCCLOSKEY SMITH SCHUSTER & RUSSEL
200 EAST BROWARD BLVD., SUITE 1500
FORT LAUDERDALE, FL 33301

Name Steven M. Helfman, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1600 Sawgrass Corporate Parkway, Suite 300

City Sunrise

FL

Zip Code 33323

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

4/26/07

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME MGRM ☐ Delete
STREET ADDRESS HILLBOROUGH COUNTY ASSOCIATES II, LLP
CITY-ST-ZIP 1600 SAWGRASS CORPORATE PKWY #300
SUNRISE, FL 33323

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER OR AUTHORIZED REPRESENTATIVE

N. MARIA MENENDEZ, VICE PRESIDENT

4/27/07
Date

954.253.1730
Daytime Phone #