

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90036 020 \*\*\*138.75

DOCUMENT # L05000026752

1. Entity Name  
US 301, LLC



Principal Place of Business  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE ~~300~~ **230**  
SUNRISE, FL 33323 US

Mailing Address  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE ~~300~~ **230**  
SUNRISE, FL 33323 US

60037557



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

3. Mailing Address

Suite, Apt. #, etc.

**Suite 230**

Suite, Apt. #, etc.

**Suite 230**

City & State

City & State

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-0996802

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HELFMAN, STEVEN M ESQ  
1600 SAWGRASS CORPORATE PARKWAY  
~~SUITE 300~~ **Suite 230**  
SUNRISE, FL 33323

Name  
HELFMAN, STEVEN M. ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
1600 SAWGRASS CORPORATE PARKWAY  
SUITE 230  
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)

**4/27/08**

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS HILLSBOROUGH COUNTY ASSOCIATES II, LLLP  
CITY-ST-ZIP 1600 SAWGRASS CORPORATE PARKWAY #230  
SUNRISE, FL 33323

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

**RICHARD M. NORWALK**

**4/28/08**

**(954) 758-1730**

Date

Daytime Phone #