

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90436 045 \*\*\*\*50.00

DOCUMENT # L05000030304

1. Entity Name  
HILLSBOROUGH, LLC



Principal Place of Business  
2506 S. MACDILL AVE., SUITE A  
TAMPA, FL 33629

Mailing Address  
2506 S. MACDILL AVE., SUITE A  
TAMPA, FL 33629

60051154

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

13907 CARROLLWOOD VILLAGE RUN  
Suite, Apt. #, etc.

3. Mailing Address

13014 N. DALE MABRY HWY  
Suite, Apt. #, etc.  
SUITE 356



03292007 Chg-LLC CR2E083 (12/06)

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number  
20-2894407

Applied For  
Not Applicable

Zip  
33618

Zip  
33618

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYTS, ANDREW J ESQ.  
201 NORTH ARMENIA AVE.  
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name  
GARY A. FAIRBANKS  
Street Address (P.O. Box Number is Not Acceptable)  
13907 CARROLLWOOD VILLAGE RUN  
City  
TAMPA FL Zip Code  
33618

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 *Gary A. Fairbanks* GARY A. FAIRBANKS 3/29/07  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE M ☒ Delete  
NAME HIGH POINT DEVELOPMENT LLC  
STREET ADDRESS 2506 S MACDILL AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE M ☒ Delete  
NAME JT RAPPAPORT LLP  
STREET ADDRESS 13014 N DALE MABRY SUITE 356  
CITY-ST-ZIP TAMPA, FL 33618

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☒ Addition  
NAME MGR  
STREET ADDRESS JAMES LANDERS  
CITY-ST-ZIP 2506 S. MACDILL AVE  
TAMPA, FL 33629

TITLE ☐ Change ☒ Addition  
NAME MGR  
STREET ADDRESS JASON T. RAPPAPORT  
CITY-ST-ZIP 13014 N. DALE MABRY HWY, STE 356  
TAMPA, FL 33618

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

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: *Gary A. Fairbanks* GARY A. FAIRBANKS 3/29/07 813-269-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #