


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000036581 1. Entity Name HIBOU PROPERTIES V FLORIDA HOLDINGS LLC					
Principal Place of Business P.O. BOX 432520 MIAMI, FL 33243-2520			Mailing Address P.O. BOX 432520 MIAMI, FL 33243-2520		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VITIER, EBERTO A P.O. BOX 432520 MIAMI, FL 332432520 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Everest Trustees, Inc. Charlotte House, Charlotte Street, P.O. Box N-65 Nassau, Bahamas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000064395940	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Jaed J. Day</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-27-06 <small>Date</small>		305-445-3845 <small>Daytime Phone #</small>

FILED

2006 FEB -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number **03-0446651** Applied For ☐ Not Applicable ☐

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



CORPORATION SERVICE COMPANY

L05000036581

ACCOUNT NO. : 072100000032

REFERENCE : 844915 121767A

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : February 1, 2006

ORDER TIME : 11:16 AM

ORDER NO. : 844915-005

CUSTOMER NO: 121767A

FILED
2006 FEB - 1 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

AMENDED ANNUAL REPORT

NAME: HIBOU PROPERTIES V FLORIDA
HOLDINGS, LLC

RECEIVED
06 FEB - 1 PM 12:52
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap-EXT#2951

EXAMINER'S INITIALS: _____