## **2008 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT

## **DOCUMENT # L05000056236** 1. Entity Name HOOD ROAD CENTRE #100 LLC



Principal Place of Business

Mailing Address

## **FILED** Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90035 036 \*\*\*138.75

60029689

| 5220 HOOD ROAD SUITE 100 SUITE 100 PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 US |                                       |   |                              |                      |                        |                              | II BB(B) BIKIN BB(II BB(II) BB(II)                             |               |               | ROLAN KUTU    |  |
|--|---------------------------------------|---|------------------------------|----------------------|------------------------|------------------------------|--|---------------|---------------|---------------|--|
| 2. Principal Place of Business - No P.O. Box #   |                                       |   | 3. Mailing Address           |                      |                        |                              |  |               |               |               |  |
| Suite, Apt. #, etc.  |                                       |   | Suite, Apt. #, etc.          |                      |                        | 02212008                     | Chg-LLC  | CR2E08        | 33 (12/06)    |               |  |
| City & State   |                                       |   | City & State                 |                      |                        | 4. FEI Numb                  |  |               | _ <del></del> | plied For     |  |
| Zip  | Country Zip                           |   | Zip                          | Country              |                        |                              | 5. Certificate of Status Desired 55.00 Additional Fee Required |               |               |               |  |
|  | 6. Name                               | and Address of Current R                | Registered Agent             |                      |                        | 7. Name an                   | d Address of New R   | egistered A   | gent          |               |  |
|  |                                       |   |                              |                      | Name                   |                              |  |               | -             | -             |  |
| GAETA, N<br>5220 HOO<br>SUITE 100  | D ROAD                                |   |                              | Street Address (P.O. |                        | dress (P.O. Box Numb         | per is Not Acceptable  | )             |               |               |  |
|  |                                       | DENS, FL 33418                          |                              | J                    |                        |                              |  |               |               |               |  |
|  |                                       |   |                              |                      | City                   |                              |  | FL            | Zip Cod       | 9             |  |
|  | named entiti                          |   | the purpose of changing its  | registere            | ed office or re        | egistered agent, or b        | oth, in the State of Flo                                       | rida. I am fa | amiliar with, | and accept    |  |
| and congar   | ions of regist                        | tored agent.                            |                              |                      |                        |                              |  |               |               |               |  |
| SIGNATURE .  | Signature, typed                      | or printed name of registered agent ar  | nd title if applicable. (NOT | : Registere          | d Agent signature      | e required when reinstating) |  | DATE          |               |               |  |
|  |                                       |   |                              |                      |                        |                              |  |               |               |               |  |
|  |                                       | FEE 1S \$138.75<br>Fee will be \$538.75 |                              |                      |                        |                              | Make check payable to Florida Department of State              |               |               | ;<br>•        |  |
| 9.   |                                       | MANAGING MEMBER                         | RS/MANAGERS                  | 10.                  |                        |                              | ADDITIONS/   | CHANGES       |               | <del></del> , |  |
| TITLE  | MGRM                                  |   | ☐ Delete                     | TITLE                | . [                    | ,                            |  | · <u>·</u>    | ☐ Change      | Addition      |  |
| NAME   | GAETA, NEIL J                         |   | . NAM                        | ſ                    |                        |                              |  |               |               |               |  |
| STREET ADDRESS<br>City-St-Zip  | 1                                     | DD RD., SUITE 100<br>ACH GARDENS, FL 33 |                              |                      | ET ADDRESS<br>-ST-ZIP  |                              |  |               |               |               |  |
| TITLE  | MGRM                                  | AOTI GARBEITO, 1 E 33                   |                              | TITLE                | <del></del>            |                              |  |               | Change        | □ Addition    |  |
| NAME   | MGRM □ Delete<br>  GAETA, LOUIS A JR. |   |                              | NAM                  |                        |                              |  |               | ☐ Change      | Addition      |  |
| STREET ADDRESS   | 5220 HOOD RD., SUITE 100              |   |                              |                      | ET ADDRESS             |                              |  |               | •             |               |  |
| CITY-ST-ZIP  | PALM BE                               | ACH GARDENS, FL 33                      | 418                          | CITY                 | -ST-ZIP                |                              |  | _             |               |               |  |
| TITLE  |                                       |   | ☐ Delete                     | TITLE                |                        |                              |  |               | ☐ Change      | Addition      |  |
| NAME   |                                       |   |                              | NAM                  | _                      |                              |  |               |               |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | ļ                                     |   |                              |                      | ET ADDRESS<br>- St-Zip |                              |  |               |               | ı             |  |
| TITLE  |                                       |   | ☐ Delete                     | TITLE                |                        |                              |  |               | ☐ Change      | Addition      |  |
| NAME   | !                                     |   | L Delete                     | NAM                  |                        |                              |  |               | ☐ Change      | Monitori      |  |
| STREET ADDRESS   |                                       |   |                              | STRE                 | ET ADDRESS             |                              |  |               |               |               |  |
| CITY-ST-ZIP  |                                       |   |                              | CITY                 | -ST-ZIP                |                              | <u>-</u>   |               |               |               |  |
| TITLE  |                                       |   | Delete                       | TITLE                |                        |                              |  |               | ☐ Change      | Addition      |  |
| NAME   | l                                     | •                                       |                              | NAMI                 | 1                      |                              |  |               |               |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | (                                     |   |                              | •                    | ET ADDRESS<br>-ST-ZIP  |                              |  |               |               |               |  |
| TITLE  | <del> </del>                          |   | □ Delete                     | TITLE                | <del></del>            | <del></del>                  |  |               | ☐ Change      | Addition      |  |
| NAME   | 1                                     |   |                              | NAMI                 | ,                      |                              |  |               | — crialige    | C Would       |  |
| STREET ADDRESS   |                                       |   |                              | STRE                 | ET ADDRESS             |                              |  |               |               |               |  |
| CITY-ST-ZIP  |                                       |   |                              | спу                  | -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

Neil J. Gaeta, Mng Mbr

561-627-1900

Daytime Phone #