

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90174 047 ****55.00

DOCUMENT # L05000063652 1. Entity Name HIBISCUS HARBOR GROUP, LLC			
Principal Place of Business 2024 WEST CLEVELAND STREET TAMPA, FL 33606		Mailing Address 2024 WEST CLEVELAND STREET TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 1311 BEDFORD DRIVE		3. Mailing Address 1311 BEDFORD DRIVE	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State MELBOURNE FL		City & State MELBOURNE FL	
Zip 32940		Zip 32940	
Country		Country	
4. FEI Number 20-3072156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, ANTHONY G ESQUIRE 2024 WEST CLEVELAND STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name BOHNE, KARL W. Street Address (P.O. Box Number is Not Acceptable) 1311 BEDFORD DRIVE Suite 1 City MELBOURNE FL Zip Code 32940	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/22/07</u>			
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 STREET ADDRESS CITY-ST-ZIP	COO AMENT, SUSAN COO 2024 WEST CLEVELAND STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMENT, SUSAN 1311 BEDFORD DRIVE, Suite 1 MELBOURNE, FL 32940 <input checked="" 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
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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: <u><i>[Signature]</i></u> SUSAN AMENT		Date <u>3/18/07</u> (321)452-9287	