2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

						LY UL SIA	
DOCUMENT # L05000065289 1. Entity Name HILLSBOROUGH 2324 LLC						0036 014 ****50	
Principal Place	e of Business	Mailing Address		(0042487		
9625 WES KEARNEY WAY RIVERVIEW, FL 33569		9625 WES KEARNEY WAY Riverview, FL 33569					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		I temileri m	[[[]]]	\$ 6 0 0f 0 10 03 3 9 0	
5115 JOANNE KEARNEY BLVD. Suite, Apt. #, etc.		5115 JOANNE KEARNEY BLVD. Suite, Apt. #, etc.		04062007	Chg-LLC	CR2E083 (12/06)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Numb		 ↓	plied For t Applicable
Zip	Country	Zíp	Country	5 Certificat	e of Status Desired	□ \$5.00 Add	litional
3361		33619	USA			Fee Required	
	6. Name and Address of Current R	tegistered Agent	Name	7. Name an	d Address of New Reg	gistered Agent	
HARRIS T	RACY J JR			IAMES M. RI	EED		
9625 WES	KEARNEY WAY W, FL 33569			ress (P.O. Box Numl JOANNE KEA	per is Not Acceptable)		
	••		City	TAMPA		FL Zip Code	9 6
	named entity submits this statement for ions of redistered agent.	the purpose of changing its req	gistered office or re		oth, in the State of Flori		
SIGNATURE.	Signature, types of printed name of registered agent at	Mule if applicable (NOTE: Re	egistered Agent signature	required when reinstating)	23/07	DATE	
Filing Fee is \$50.00 Due by May 1, 2007				-	. Make	check payable to	
_,	ue by May 1, 2007					Department of State	•
9.	we by May 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.			Department of State	•
		RS/MANAGERS	10.		Florida I	Department of State	Addition
9. TITLE NAME	MANAGING MEMBER MGRM HARRIS, TRACY J JR		TITLE NAME	5115 TOAN	Florida I	Department of State CHANGES (X) Change	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY		TITLE NAME STREET ADDRESS		ADDITIONS/C	Department of State CHANGES (X) Change	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 MGRM KEARNEY, BING C.W. JR	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL :	ADDITIONS/CONE KEARNEY F	Department of State CHANGES A Change BLVD. Change	Addition
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11. Thereby certify that the information supplied with this limit does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Florida Capter 119, Florida Statutes. Florida Capter 119, Florida Statutes.
12. Thereby certify that it 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 TYPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylitre Phone #