

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072912

FILED
Sep 15, 2006
Secretary of State

Entity Name: HILLSBOROUGH PROPERTY VENTURES, LLC

Current Principal Place of Business:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEVENSON, FREDERIC L
C/O WHITE & CASE LLP
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SHEFFIELD, GARY
Address: C/O 200 S. BISCAYNE BOULEVARD, 4900
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Change (X) Addition
Name: WILLIAMS, RUFUS
Address: C/O 200 S. BISCAYNE BOULEVARD, #4900
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 SHEFFIELD

MGR

09/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date