2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/12/2006-90031-015-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000083170

1. Entity Name
HIBISCUS PROPERTIES OF FLORIDA, LLC

Principal Place of Business	Mailing Address
12864 BISCAYNE BLVD NORTH MIAMI FL	12864 BISCAYNE BLVD NORTH MIAMI FL

2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
12864 Biscayne Blvd	12864 Biscayne Blvd
Suite, Apt. #, etc.: Suite 326	Suite, Apt. #, etc.: Suite 326
City & State: N. MIAMI, FLORIDA	City & State: N. MIAMI FLORIDA
Zip: 33181 Country: US	Zip: 33181 Country: US

4. FEI Number: 42-1714855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JACK, NOEL M
12864 BISCAYNE BLVD
NORTH MIAMI FL

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 12864 Biscayne Blvd #326

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 [signature] NOEL M. JACK August 25, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JACK, NOEL 12864 BISCAYNE BLVD NORTH MIAMI FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12864 Biscayne Blvd #326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition 11-6 ms

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] Noel Jack, Mgr August 25 2006