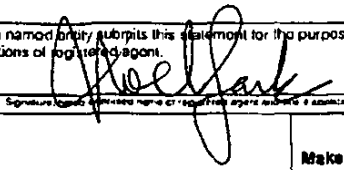
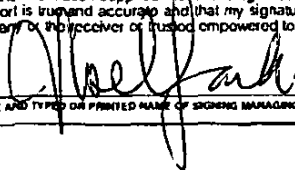


FILED
Jun 26, 2007 8:00 am
Secretary of State

06-01-2007 90095 012 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

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6/1

DOCUMENT # L05000083170			
1. Entity Name HIBISCUS PROPERTIES OF FLORIDA, LLC			
Principal Place of Business 12864 BISCAYNE BLVD #326 NORTH MIAMI FL		Mailing Address 12864 BISCAYNE BLVD #326 NORTH MIAMI FL	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 #326 NORTH MIAMI FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  DATE 6/12/2007 (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME MGR JACK, NOEL STREET ADDRESS 12864 BISCAYNE BLVD #326 CITY-STATE-ZIP NORTH MIAMI FL	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 DATE 6/12/2007 TELEPHONE 786)2851209 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			