2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT				Apr 28, 2008 08: Secretary of S		
DOCUMENT # L06000115399 1. Entity Name HIBISCUS-STICKNEY DEVELOPMENT, LLC					Secretary o	of S
,	ce of Business	Mailing Address				
1735 STICK Sarasota,	NEY POINT ROAD FL 34231	1735 STICKNEY POINT ROAI SARASOTA, FL 34231)	·		
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	NO NOT WE	ITE IN THIS SPA	ĈĒ.	01042008No Chg-LLC	CR2E083 (12/07)	
				4. FEI Number 20-5996867	Applied Not App	
				5. Certificate of Status Desired	\$5.00 ******	
	6. Name and Address of	Current Registered Agent		W. Bernell		*1
	, E. JOHN II			DO NOT V	VŘIJE	
200 S. ORANGE AVE. SARASOTA, FL 34236			i i i i i i i i i i i i i i i i i i i	IN THIS S		
		ement for the purpose of changing its registe	ered office or registere	ed agent, or both, in the State of	Florida. I am (amiliar with, and a	ccept
the obligat	ions of registered agent.					
SIGNATURE.	Signature, typed or printed nems of regist	ored agent and title if applicable. (NOTE: Registe	red Agent signature required	when reinstating)	DATE	_
FILE After May	NOW!!! FEE IS \$138." y 1, 2008 Fee will be \$	75 538.75				
9.		MEMBERS/MANAGERS				,
TITLE NAME	MGR BRILLIANT, ROBERT M					
STREET ADDRESS	1735 STICKNEY POINT F	RD				:
CITY-ST-ZIP TITLE	SARASOTA, FL 34231					
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CITY-ST-ZIP				The second second		
TITLE NAME						
STREET ADORESS City-St-Zip						.
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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 eath; that I am a managing member or manager of the limited liability company or the laceliver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADORESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APLIL 1, 2003

041-321-00 Detrime Phone #