


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 029 ***138.75

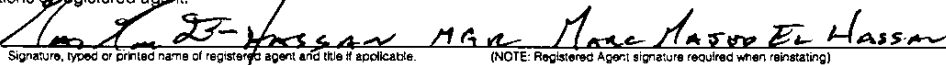
DOCUMENT # L07000046898	
1. Entity Name HBH-PALMS COURT 1-D, LLC	

Principal Place of Business % MARC MAJED EL HASSAN 9857 OLD ST. AUGUSTINE ROAD, STE. 5 JACKSONVILLE, FL 32257	Mailing Address % MARC MAJED EL HASSAN 9857 OLD ST. AUGUSTINE ROAD, STE. 5 JACKSONVILLE, FL 32257
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2. Principal Place of Business - No P.O. Box # 9803 Old St Augustine Rd	3. Mailing Address 9803
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1
City & State	City & State
Zip	Country

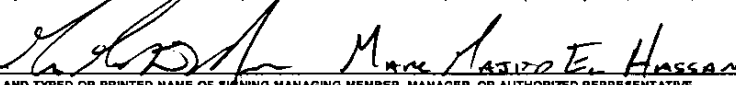
6. Name and Address of Current Registered Agent AKEL, EDWARD C ONE INDEPENDENT DRIVE, STE. 2301 JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent Name Marc Majed El Hassan Street Address (P.O. Box Number is Not Acceptable) 9803 Old St Augustine Rd Suite 1 City Jax FL Zip Code 32237	
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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, typed or printed name of registered agent and title if applicable.	DATE 4/16/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HASSAN, ANDREW M 9857 OLD ST. AUGUSTINE RD., STE. 5 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9803 Old St Augustine Rd, Suite 1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EL HASSAN, MARC MAJED 9857 OLD ST. AUGUSTINE RD., STE. 5 JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9803 Old St Augustine Rd, Suite 1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 4/16/08 DAYTIME PHONE # 904-880-4681