


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90037 023 ***138.75

DOCUMENT # L07000079277			
1. Entity Name HINSON'S BROWARD PROPERTIES, LLC			
Principal Place of Business 7440 COUNTY ROAD 305 ELKTON, FL 32073		Mailing Address 7440 COUNTY ROAD 305 ELKTON, FL 32073	
2. Principal Place of Business - No P.O. Box # 345 Sisco Rd		3. Mailing Address 345 Sisco Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMONA PARK, FL		City & State POMONA PARK, FL	
Zip 32181	Country U.S.A.	Zip 32181	Country U.S.A.
6. Name and Address of Current Registered Agent TODD WATSON, ATTORNEY AT LAW 7785 BAYMEADOWS WAY, SUITE 107 JACKSONVILLE, FL 32256		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HINSON PARTNER, LLLP 7440 COUNTY ROAD 305 ELKTON, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 345 Sisco Rd POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Margorie J. Hinson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>4/24/08</u> 386 649-9981 <small>Daytime Phone #</small>	

60029754



04242008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For
Not Applicable

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