


FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90075 023 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000081307					
1. Entity Name R. HUBBARD PROPERTIES, LLC					
Principal Place of Business 2388 COUNTRY CLUB BOULEVARD ORANGE PARK, FL 32073			Mailing Address 2388 COUNTRY CLUB BOULEVARD ORANGE PARK, FL 32073		
2. Principal Place of Business - No P O Box #		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc			
City & State		City & State		4. FCI Number 59-3626039	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		02042008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HUBBARD, ROBERT 2388 COUNTRY CLUB BOULEVARD ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P O Box Number is Not Acceptable)			Street Address (P O Box Number is Not Acceptable)		
City			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 _____ <small>Signature (Typed or printed name of registered agent and user if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
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	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUBBARD, ROBERT	NAME			
STREET ADDRESS	2388 COUNTRY CLUB BOULEVARD	STREET ADDRESS			
CITY - ST - ZIP	ORANGE PARK, FL 32073	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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>Robert Hubbard</u>			Date: <u>2-14-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			Date		

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