## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900005665  1. Entity Name HILLSBORO TEAM MANAGEMENT II LLC								FILEH SECRETARY OF STATE BIVISION OF CORPORATIONS				
T IILLOSO (	10 12 11						Ì					
Principal Place of Business 4670 BALDRIC STREET BOCA RATON FL 33428				Mailing Address 4670 BALDRIC STREET BOCA RATON FL 33428-4124				OOMAR IS PE			P(1 <b>2</b> ) <b>1</b> )4) 1 <b>16</b> j	
Principal Place of Business     3. Mailing Address						<u> </u>	-				LII <b>a</b> l <b>o</b> lii i <b>lo</b> l	
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.			_	DO NOT WRIT	E IN THIS	SPACE		
City & State			City & State				4. FEI Number 0946420 Applied For Not Applicable					
Zip Country			Zip Coun			try	5. Certificate of Status Desired \$5.00 Additional					
<del>-</del>	6. Name and Address of Curr		ent Registered Agent		<u> </u>	7. Name and Address of New Registered Agent				3		
						Name . • -						
	ation ser' S street	VICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301-2525												
						City			FL	Zip Code	<del></del>	
8. The above	named entity	y submits this stateme	nt for the pu	rpose of changing it	s registere	ed office or regis	tered agent, o	or both, in the State of Flo	rida.			
SIGNATURE _	Signature, typed	or printed name of registered a	agent and title if a	applicable. (NO	TE: Registere	d Agent signature requ	ired when reinstati	ng)	DATE	<u> </u>		
				FILE N							-	
9. MANAGING MEMBERS/MEMBERS					10.			ADDITIONS/	CHANGES	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delecto CONLON, MICHAEL S 4670 BALDRIC STREET BOCA RATON FL 33428					E E ET ADDRESS - ST- ZIP		100003 -03/24 *****	/001		—— C	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, VICKI 4670 BALDRIC STREET BOCA RATON FL 33428					E E ET ADDRESS - ST- ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					E EET ADDRESS - 81- ZIP	- •			☐ Change	☐ Addition	
TITLE MAME STREET ADDRESS CITY- ST- ZLP				☐ Delete		į į				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-LIP				□ Delate	- I					☐ Change	Addition .	
TITLE MAME STREET ADDRESS CITY-87-21P				□ Delate	1			Al	\$ Vo	Change	Addition	
indicated	on this repo	e information supplied rt is true and accurate ny or the receiver or tr	and that my	y signature shall have wered to execute this	e the same s report as	e legal effect as s required by Ch	if made under apter 608, Flo	, 1	ing memb	er or manage	r of the	
SIGNAT	ت _ <sub>-</sub> ;URE	SIGNATURE AND TYPED O	HANTED NA	NE OF SIGNING MANAGING		AEL S DR MANAGER	CONTO	Date Date		954408 Daytime Phone #	6866	