

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000000953**

1. Entity Name  
**HOVSTONE PROPERTIES FLORIDA L.L.C.**



Principal Place of Business

**1275 GATEWAY BL  
BOYNTON BEACH, FL 33426**

Mailing Address

**1275 GATEWAY BL  
9 EAST LOOCKERMAN ST, STE 1B  
BOYNTON BEACH, FL 33426**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2384785**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY R  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000592099  
01/19/07-80049-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HOUSTOWE HOLDINGS, LLC  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
KELLY, TIMOTHY R  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
FENECH, DEREK P  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
LILLER, STEPHEN B  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
REINHARDT, PETER S  
1275 GATEWAY BLVD  
BOYNTON BEACH, FL 33426**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Timothy R. Kelly, President* 1/11/07 561-3643300