

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90020 013 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 3601 Quantum Blvd		3. Mailing Address 3601 Quantum Blvd	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State Boynton Beach FL		City & State Boynton Beach FL	
Zip 33426	Country	Zip 33426	Country
4. FEI Number 20-2384785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, TIMOTHY K 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name Mark Hodges Street Address (P.O. Box Number is Not Acceptable) 3601 Quantum Blvd Suite 100 City Boynton Beach FL Zip Code 33426	
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 <u><i>MSH</i></u> Mark Hodges, President 1-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUSTOWE HOLDINGS, LLC 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hovstone Holdings LLC 3601 Quantum Blvd, #100 Boynton Beach, FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, TIMOTHY R 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mark Hodges 3601 Quantum Blvd, #100 Boynton Beach, FL 33426 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENECH, DEREK P 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Derek P Fenech 3601 Quantum Blvd, #100 Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LILLER, STEPHEN B 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stephen B Liller 3601 Quantum Blvd, #100 Boynton Beach FL 33426 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REINHARDT, PETER S 1275 GATEWAY BLVD BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Peter S Reinhardt 3601 Quantum Blvd, #100 Boynton Beach FL 33426 <input checked="" 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
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><i>MSH</i></u> Mark Hodges, President 1-7-08 561-364-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			