


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

04-28-2008 90043 025 ***138.75

DOCUMENT # M05000005696			
1. Entity Name HIBISCUS BOULEVARD 1, LLC			
Principal Place of Business 101 N MAIN ST SUITE 1203 GREENVILLE, SC 29601		Mailing Address 101 N MAIN ST SUITE 1203 GREENVILLE, SC 29601	
2. Principal Place of Business - No P.O. Box # 101 NORTH MAIN ST. Suite, Apt. #, etc. 12th FLOOR City & State GREENVILLE, SC Zip 29601 Country USA		3. Mailing Address 101NORTH MAIN ST. Suite, Apt. #, etc. 12th FLOOR City & State GREENVILLE, SC Zip 29601 Country USA	
02262008		Chg-LLC	CR2E083 (12/06)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent NRAI Services Inc. 2731 Executive Park Drive Suite 4 Weston, FL 33331		7. Name and Address of New Registered Agent Name City FL	
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	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGR DON AND ELAINE BENNION FAMILY, LLC 101 N MAIN ST., SUITE 1203 GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member 101 N. Main St. 12th Floor <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
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>Heber B. Bennion</u>		Date: <u>9 Mar 2008</u> Daytime Phone #: <u>800-577-4842</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30008208



Manager