## **2006 LIMITED LIABILITY COMPANY**

## ANNUAL REPORT (AR) DOCUMENT # M05000005701 1. Entity Name HIBISCUS BOULEVARD 8, LLC



**FILED** May 02, 2006 8:00 am Secretary of State 05-02-2006 90024 022 \*\*\*\*50.00



Principal Place of Business				Mailing Address												
500 EAST NORTH STREET, SUITE F GREENVILLE SC 29601			5 G	500 EAST NORTH STREET, SUITE F GREENVILLE SC 29601												
2. Principal P	lace of Busir	ness	3.	Mailing Address				10		MATERIAL PARTIES	#161 <b>##</b> 111 1		CALES BIIII	- 1994 BBIBLE		
101 N. Main Street				101 N. Main Street												
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1	st MC	ORE		CR2E	083 (1	10/05)		
Suite 1203				Suite 1203				· ·								
City & State Greenville, SC				City & State Greenville		4. FEI Number			10-T A	APPL	ICAB	LE	$\rightarrow$	oplied ot App	For licable	
Zip <b>29</b>	601	Country USA		Zip <b>29601</b>	Coun USA	-	. !	5. Certifica	ite of St	tatus Des	sired		-	5.00 Ad e Require		i
	6. Name	and Address of Curre	nt Regi	stered Agent				7. Name ar	nd Add	ress of	New R	egister	red Age	ent		
						Name										
CORPORATION SERVICE COMPA 1201 HAYS STREET TALLAHASSEE FL 32301-2525			MPAN	ΙΥ	Street Address (P.O. Box Number is Not Acceptable)											
IAL	LAHASS	EE FL 32301-252	25													
		,				City						ı	FL	Zip Cod	de	
		y submits this statement	t for the	purpose of changing it	s register	ed office or	r registered	l agent, or t	ooth, in	the State	e of Flo	rida. I	am fan	niliar with	, and a	accept
the obligat	tions of regis	tered agent.														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 PHINTED NAME SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE