

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90042 028 \*\*\*138.75

<b>DOCUMENT # M05000005701</b> 1. Entity Name <b>HIBISCUS BOULEVARD 8, LLC</b>																													
Principal Place of Business <b>101 N MAIN ST STE 1203 GREENVILLE, SC 29601</b>			Mailing Address <b>101 N MAIN ST STE 1203 GREENVILLE, SC 29601</b>																										
2. Principal Place of Business - No P.O. Box # <b>101 N. Main St.</b>		3. Mailing Address: <b>101 N. Main St.</b>																											
Suite, Apt. #, etc. <b>12th Floor</b>		Suite, Apt. #, etc. <b>12th Floor</b>																											
City & State <b>Greenville, SC</b>		City & State <b>Greenville, SC</b>																											
Zip <b>29601</b>		Country <b>USA</b>		4. FEI Number <b>NOT APPLICABLE</b>																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>NRAI Services, Inc. 2731 Executive Park Dr. Suite 4 Weston, FL 33331</b>				7. Name and Address of New Registered Agent  Name _____ Address _____ City _____ State <b>FL</b> Zip _____																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BALES LIMITED PARTNERSHIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>101 N MAIN ST STE 1203</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>GREENVILLE, SC 29601</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">MEMBER</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>101 N. Main St. 12th Floor</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	BALES LIMITED PARTNERSHIP		STREET ADDRESS	101 N MAIN ST STE 1203		CITY- ST- ZIP	GREENVILLE, SC 29601		TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	101 N. Main St. 12th Floor		STREET ADDRESS			CITY- ST- ZIP		
TITLE	MGR	<input type="checkbox"/> Delete																											
NAME	BALES LIMITED PARTNERSHIP																												
STREET ADDRESS	101 N MAIN ST STE 1203																												
CITY- ST- ZIP	GREENVILLE, SC 29601																												
TITLE	MEMBER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	101 N. Main St. 12th Floor																												
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____																										
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____																										
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____																										
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____																										
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____			TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____																										
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.																													
<b>SIGNATURE:</b> <u><i>Garth Bales</i></u> <b>Trustee</b> <u>7-10-08</u> <b>800-577-4842</b>																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													