


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2008 8:00 am
Secretary of State

04-28-2008 90042 030 ***138.75

DOCUMENT # M05000005703			
1. Entity Name HIBISCUS BOULEVARD 10, LLC			
Principal Place of Business 101 N. MAIN STREET SUITE 1203 GREENVILLE, SC 29601 US		Mailing Address 101 N. MAIN STREET SUITE 1203 GREENVILLE, SC 29601 US	
2. Principal Place of Business - No P.O. Box # 101 N. Main Street Suite, Apt. #, etc. 12th Floor City & State Greenville, SC Zip 29601 Country USA		3. Mailing Address 101 N. Main Street 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	
6. Name and Address of Current Registered Agent NRAI Services, Inc 2731 Executive Park Dr. Suite 4 Weston, FL 33331		7. Name and Address of New Registered Agent Name Address City & State Zip FL 7in Code	
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 _____	
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 KEYS RESIDENTIAL CARE HOMES CORPORATION 101 N. MAIN STREET, SUITE 1203 GREENVILLE, SC 29601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <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>Sam Peoples Jr</u>		Date: <u>3/16/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>800-577-4842</u>	

30009604



Sam Peoples, Jr. President of. 3/16/08
 Keys Residential Care Homes Corporation,
 Managing Member