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

04-28-2008 90042 036 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005710

1. Entity Name
HIBISCUS BOULEVARD 17, LLC

Principal Place of Business	Mailing Address
101 N MAIN ST STE 1203 GREENVILLE, SC 29601	101 N MAIN ST STE 1203 GREENVILLE, SC 29601

02262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
101 N. Main St.		101 N. Main St.	
Suite, Apt. #, etc.: 12th Floor		Suite, Apt. #, etc.: 12th Floor	
City & State: Greenville, SC		City & State: Greenville, SC	
Zip: 29601	Country: USA	Zip: 29601	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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
Street Address
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 TURNER, ANN G 101 N MAIN ST., STE 1203 GREENVILLE, SC 29601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER 101 N. Main St. 12th Floor	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Ann G. Turner 3.7.08 800-577-4842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Ann G. Turner, sole member