

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001290

FILED
Jan 16, 2004
Secretary of State

Entity Name: HILLCREST ENTERPRISES, L.L.C.

Current Principal Place of Business:

10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 75-2986106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCHEMIN, CLAIRE A
1834 HERMITAGE BLVD., STE. 201
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HILL, DEAN C
10437 MOCCASIN GAP RD.
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: DEAN C. HILL

01/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HILL, DEAN C
Address: 10437 MOCCASIN GAP RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR () Delete
Name: HILL, SUZANNE R
Address: 10437 MOCCASIN GAP RD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEAN C. HILL

PRES

01/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date