

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Feb 06, 2005
Secretary of State**

DOCUMENT# L02000001290

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:

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

Name and Address of New Registered Agent:

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: _____

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: D.C. HILL

MGR

02/06/2005

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