


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90145 027 \*\*\*\*50.00

DOCUMENT # L05000104656					
1. Entity Name HILTON HEAD ISLAND LOT, LLC					
Principal Place of Business 19025 S.W. 264 STREET HOMESTEAD FL 33031		Mailing Address 19025 S.W. 264 STREET HOMESTEAD FL 33031			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3821866	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  SACHER, CHARLES P ESQ. 2655 LEJEUNE ROAD SUITE 1101 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature is required when transferring)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR DAUGHERTY, MICHAEL J SR. 19025 S.W. 264 STREET HOMESTEAD FL 33031	<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	MGR DAUGHERTY, KAREN A 19025 S.W. 264 STREET HOMESTEAD FL 33031	<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
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
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 Section 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: <i>Michael J Daugherty</i>			3-3-07		305-248-8709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #