## 2006 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT (AR)** Jan 23, 2006 08:00 AM CUMENT # L02000001500 **Secretary of State** FIL HILLS, L.L.C. Р al Place of Business Mailing Address ROUND LAKE ROAD 5100 ROUND LAKE ROAD APOPKA FL 32703 5 KA FL 32703 2 cipal Place of Business 3. Mailing Address Suite, Apt. #, etc. ē. Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For 01-0582744 Not Applicat Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOHL, WALTER H JR. Street Address (P.O. Box Number is Not Acceptable) 5100 ROUND LAKE ROAD APOPKA FL 32712 Zip Code 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 access 8. obligations of registered agent. Si Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent aignature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 3 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Ţα MGR ☐ Delete THELE Change Addition | NΛ KOHL, WALTER H JR NAME ST STREET ADDRESS 5100 ROUND LAKE ROAD Cľ APOPKA FL 32712 CITY-ST-ZIP 711 ☐ Delete TITLE Change Adding NA NAME R00000338005 Si STIREET ADDRESS 01/30/06-80077-014 50.00 cn CITY-ST-ZIP T/7 Delete TITLE Change AAT : NA. NAME ST) STREET ADDRESS CIT CITY-ST-ZOP ш Delete IIILE ☐ Change ☐ Alim MA NAME ST STREET ADDRESS СIJ CITY-ST-ZIP 717 □ Detete TITLE ☐ Change T Additi NA NAME ST STREET ADDRESS CI7 CITY ST-ZIP Τίτ Delete TITLE ☐ Change The second

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 located 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 milest liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

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