


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016638

1. Entity Name
HIERS PROPERTIES, L.L.C.



Principal Place of Business Mailing Address

1095 MORNINGSIDE DR. 1095 MORNINGSIDE DR.
VERO BEACH, FL 32963 VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE



04182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-2367702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIERS, BOBBY J 1095 MORNINGSIDE DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HIERS, MARY F 1095 MORNINGSIDE DR VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUTZ, PAMELA 686 3RD PL VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIANOTTI, SHELLY 686 3RD PL VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOWLER, KELLY 686 3RD PL VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HULL, STACEY H 686 3RD PL VERO BEACH, FL 32962

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04/20/05-80091-002 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary F Hiers* 4-18-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #