
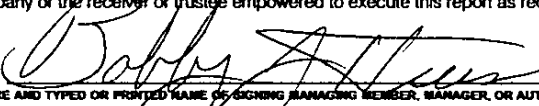


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90185 026 \*\*\*\*50.00

|  |                      |                                 |  |  |                                   |
|--|----------------------|---------------------------------|--|--|-----------------------------------|
| <b>DOCUMENT # L02000016638</b>   |                      |                                 |  |         |                                   |
| 1. Entity Name<br>HIERS PROPERTIES, L.L.C.   |                      |                                 |  |  |                                   |
| Principal Place of Business<br>1095 MORNINGSID DR.<br>VERO BEACH, FL 32963   |                      |                                 | Mailing Address<br>1095 MORNINGSID DR.<br>VERO BEACH, FL 32963 |  |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                      | 3. Mailing Address              |  |  |                                   |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.             |  | 04032007 Chg-LLC CR2E083 (12/06)   |                                   |
| City & State   |                      | City & State                    |  | 4. FEI Number<br>59-2367702  |                                   |
| Applied For  |                      | Not Applicable                  |  |  |                                   |
| Zip  | Country              | Zip                             | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent  |                      |                                 | 7. Name and Address of New Registered Agent                    |  |                                   |
| FENNELL, TODD W<br>979 BEACHLAND BLVD.<br>VERO BEACH, FL 32963   |                      |                                 | Name   |  |                                   |
|  |                      |                                 | Street Address (P.O. Box Number is Not Acceptable)             |  |                                   |
|  |                      |                                 | City   |  |                                   |
|  |                      |                                 | <b>FL</b>  |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                      |                                 |  |  |                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |                      |                                 |  | <b>Make check payable to<br/>Florida Department of State</b>                             |                                   |
| 9. MANAGING MEMBERS / MANAGERS   |                      |                                 | 10. ADDITIONS / CHANGES  |  |                                   |
| TITLE  | MGR                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | HIERS, BOBBY J       |                                 | NAME   |  |                                   |
| STREET ADDRESS   | 1095 MORNINGSID DR   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE  | MGR                  | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | HIERS, MARY F        |                                 | NAME   |  |                                   |
| STREET ADDRESS   | 1095 MORNINGSID DR   |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32963 |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | BUTZ, PAMELA         |                                 | NAME   |  |                                   |
| STREET ADDRESS   | 686 3RD PL           |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32962 |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | GIANOTTI, SHELLY     |                                 | NAME   |  |                                   |
| STREET ADDRESS   | 686 3RD PL           |                                 | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32962 |                                 | CITY-ST-ZIP  |  |                                   |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete | TITLE  | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | FOWLER, KELLY        |                                 | NAME   | MGRM<br>HIERS Kelly  |                                   |
| STREET ADDRESS   | 686 3RD PL           |                                 | STREET ADDRESS   | 686 3RD PL   |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32962 |                                 | CITY-ST-ZIP  | VERO BEACH FL 32962  |                                   |
| TITLE  | MGRM                 | <input type="checkbox"/> Delete | TITLE  | <input checked="" type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | HULL, STACEY H       |                                 | NAME   | MGRM<br>HULL Stacey A  |                                   |
| STREET ADDRESS   | 686 3RD PL           |                                 | STREET ADDRESS   | 686 3RD PL   |                                   |
| CITY-ST-ZIP  | VERO BEACH, FL 32962 |                                 | CITY-ST-ZIP  | VERO BEACH, FL 32962   |                                   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:    |                      |                                 | 4-4-07   |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                      |                                 | Date   |  | Daytime Phone #                   |