

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90342 006 \*\*\*\*50.00

**DOCUMENT # L02000018241**

1. Entity Name  
**HILLMOOR PROPERTIES, LLC**



Principal Place of Business  
**1700 SOUTH EAST HILLMOOR STE. 100  
PORT ST. LUCIE, FL 34952**

Mailing Address  
**1700 SOUTH EAST HILLMOOR STE. 100  
PORT ST. LUCIE, FL 34952**

14063107



05172004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2186395**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LANGLEY, KENNETH DR.  
1700 SOUTH EAST HILLMOOR STE. 100  
PORT ST. LUCIE, FL 34952**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELROWE, DANIEL 1715 S E TIFFANY AVE PORT ST LUCIE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATAMOROS, SILVIANO 1821 S E PORT ST LUCIE BLVD PORT ST LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREYER, WILLIAM 1715 S E TIFFANY AVE PORT ST LUCIE, FL 34982 (Retired)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANGLEY, KENNETH DR 1700 S E HILLMOOR STE 100 PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALLONEE, JOHN 1700 S E HILLMOOR STE 100 PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNON, CHRIS 1700 S E HILLMOOR STE 100 PORT ST LUCIE, FL 34952

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/20/04 (772) 461-5660