2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018241

1. Entity Name
HILLMOOR PROPERTIES, LLC

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

DO NOT WRITE IN THIS SPACE

02142005 No Chg-LLC CR2E083 (10/03)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

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

UD00000254827
03/07/05-80088-014 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)(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: X John Mallonee X 3/2/05 772-461-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #