


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025766 1. Entity Name HILLTOP GARDENS, L.L.C.	
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Principal Place of Business 12717 W. SUNRISE BLVD., #187 SUNRISE, FL 33323	Mailing Address 12717 W. SUNRISE BLVD., #187 SUNRISE, FL 33323
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DO NOT WRITE IN THIS SPACE



01092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 05-0533822	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 TROIANO, VICTOR J 317 E. TENNESSEE AVENUE LAKELAND, FL 33801
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISAAC, KELBIE 12717 W. SUNRISE BLVD. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELBIE, EDWARD 12717 W. SUNRISE BLVD. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALLIDAY, CHARLES 12717 W. SUNRISE BLVD. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HALLIDAY, ROSE 12717 W. SUNRISE BLVD. SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/15/04-80045-002 50.00

**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: Isaac Kelbie 1-13-04 954 445 2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #