

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031711

FILED
Apr 29, 2009
Secretary of State

Entity Name: HILCO DEVELOPMENT, LLC

Current Principal Place of Business:

4244 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

4244 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 56-2301178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILCHEY, SANDRA
2965 S DEER AVE
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

HILCHEY, SANDRA
4244 COUNTY ROAD 218 WEST
MIDDLEBURG, FL 32068 US

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.

SIGNATURE:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HILCHEY, SANDRA
Address: 2965 SOUTH DEER AVENUE
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: MGR () Delete
Name: HILCHEY, OWEN
Address: 2965 SOUTH DEER AVENUE
City-St-Zip: MIDDLEBURG, FL 32068 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HILCHEY, SANDRA
Address: 4244 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: MGR (X) Change () Addition
Name: HILCHEY, OWEN
Address: 4244 COUNTY ROAD 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANDRA HILCHEY

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date