FILED
Mar 15, 2005 8:00 am
Secretary of State
02-14-2005 90179 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002875

1. Entity Name
HITAKEE, L.L.C.

30001747

Principal Place of Business	Mailing Address
555 SE LAKEVIEW DRIVE #204 SEBRING, FL 33870	555 SE LAKEVIEW DRIVE #204 SEBRING, FL 33870

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEETS, SUSAN ESQ. 9370 SUNSET DRIVE, SUITE A-255 MIAMI, FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Maryann Lewis 02-09-05
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 May 1, 2005 — Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEWIS, MARYANN 555 SE LAKEVIEW DR. #204 SEBRING, FL 33870 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Maryann Lewis 03-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

Division of Corporations 30001747

Annual Report

Document Number
L03000002875
~~Business Entity~~ Name
HITAKEE, L.L.C.

FEI Number

FEI Number Status Applied For X Not Applicable Current

Certificate of Status Desired Yes X No $5.00 each

Principal Place of Business

Address: 555 SE LAKEVIEW DRIVE #204
Suite, Apt. #, etc.:
City, State: SEBRING, FL
Zip Code & Country: 33870

Maryann Lewis

Mailing Address

Address: 555 SE LAKEVIEW DRIVE #204
Suite, Apt. #, etc.:
City, State: SEBRING, FL
Zip Code & Country: 33870

Name And Address of Registered Agent

Name (Last, First, Middle, Title): DEETS SUSAN ESQ.
-or- RA Business Name:
Address: 9370 SUNSET DRIVE, SUITE A-255
Suite, Apt. #, etc.:
City, State: MIAMI, FL
Zip Code & Country: 33173 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

ATTACHMENT

3000124.1 L05000000283

Managing Member/Manager Name And Address

Title	MGRM	(MGR or MGRM)
Name (Last, First, Middle, Title)	LEWIS	MARYANN
-or- Entity Name		
Street Address	555 SE LAKEVIEW DR. #204	
City, State	SEBRING	FL
Zip Code & Country	33870	

MaryAnn Lewis

Title		(MGR or MGRM)
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		

Title		(MGR or MGRM)
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		

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Zip Code & Country		

Title		(MGR or MGRM)
Name (Last, First, Middle, Title)		
-or- Entity Name		
Street Address		
City, State		
Zip Code & Country		

ATTACHMENT
3000174?
L05000028275

Title (MGR or MGRM)

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

Managing Member/Manager Signature: Marylen Lewis

The individual "signing" this document affirms that the facts stated herein are true. Marylen Lewis

Continue Reset

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