

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90041 003 ****50.00

20013998



DOCUMENT # L03000002875 1. Entity Name HITAKEE, L.L.C.					
Principal Place of Business 555 DE LAKEVIEW DRIVE #204 SEBRING, FL 33870			Mailing Address 555 DE LAKEVIEW DRIVE #204 SEBRING, FL 33870		
2. Principal Place of Business 1801 Lakeview Drive <small>Suite, Apt. #, etc.</small> #204 <small>City & State</small> Sebring, FL <small>Zip</small> 33870		3. Mailing Address 1801 Lakeview Drive <small>Suite, Apt. #, etc.</small> #204 <small>City & State</small> Sebring, FL <small>Zip</small> 33870		01162006 Chg-LLC CR2E083 (11/05)	
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DEETS, SUSAN ESQ. 9370 SUNSET DRIVE, SUITE A-255 MIAMI, FL 33173			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM. LEWIS, MARYANN <input type="checkbox"/> Delete 555 SE LAKEVIEW DR. #204 SEBRING, FL 33870		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LEWIS, MaryAnn 1801 Lakeview Drive #204 Sebring, FL 33870 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>MaryAnn Lewis</i>			03/06/06 (863) 382-2335		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		