2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State
04-29-2005 90036 046 ****50.00

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1. Entity Name
HESTHEABLE1, L.L.C

30006997

Principal Place of Business	Mailing Address
1142 ELYSIUM BLVD. MT. DORA, FL 32757	1142 ELYSIUM BLVD. MT. DORA, FL 32757

02032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1180915
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KING, BRANDON
1142 ELYSIUM BLVD.
MT. DORA, FL 32757

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6. 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	WILSON-KING, GENESTER
STREET ADDRESS	1142 ELYSIUM BLVD.
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	MGR
NAME	WILSON, LUCAS
STREET ADDRESS	18 ROUNDERG RD
CITY-ST-ZIP	SOUTH HADLEY, MA 01075
TITLE	Managing member
NAME	Sylvanus J. King
STREET ADDRESS	1142 Elysium Blvd
CITY-ST-ZIP	Mt Dora, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Genester Wilson-King 04/27/2005 352-735-7776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #