


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028161
1. Entity Name
HI-ALI OF NORTHEAST FLORIDA, LLC



Principal Place of Business 7530 MERRILL ROAD JACKSONVILLE, FL 32277	Mailing Address 7530 MERRILL ROAD JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE



03262006 No Chg-LLC CR2E063 (11/05)

4. FEI Number 56-2381995	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**WOODS, JEFF C
7530 MERRILL ROAD
JACKSONVILLE, FL 32277**

**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 _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, JEFF C 7530 MERRILL RD JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, PETER X 11359 OLD ST. AUGUSTINE RD JACKSONVILLE, FL 32258
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04/20/06-80052-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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.