2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000032070

1. Entity Name 603 HILLCREST, LLC



FILED Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

603 HILLCREST STREET ORLANDO, FL 32803 603 HILLCREST STREET ORLANDO, FL 32803



01072008 No Chg-LLC

CR2E083 (12/07)

27-0066107		00.00	Not Applicable
5. Certificate of Status Desired	S5.00 Additional		

6. Name and Address of Current Registered Agent

BEAUMONT, ROBERT G JR. 603 HILLCREST STREET ORLANDO, FL 32803

DO NOT WRITE

	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name or registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BEAUMONT, ROBERT G JR.	The state of the s	
STREET ADDRESS CITY-ST-ZIP	603 HILLCREST STREET ORLANDO, FL 32803	The state of the s	
TITLE	ONDANDO, 1 L 32803		100000830398 ************************************
NAME		15.00 15.00 16.00 102.16	1000000830398****************************
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME		The state of the s	
STREET ADDRESS			TWRITE
CITY-ST-ZIP		Therefore the Artistand with the State State State	
TITLE NAME		LANDINTHS	SPACE
STREET ADDRESS			
CITY-ST-ZIP		Approximation of the second se	The transfer of the second
TITLE		And the same of th	
NAME		A STATE OF THE PARTY OF THE PAR	And the second of the second o
STREET ADDRESS			Sales and the second second second
CITY-ST-ZIP			
TITLE			Control of the control of the same of the
NAME		The state of the s	in The that the Markett in the their the
STREET ADDRESS CITY-ST-ZIP			
OH (*31-ZIP	1	■ "ACT C Andro Will." out of the State of the Year of a last one of the state o	on the control of the state of

11. Thereby certify that the information supplied with this filling 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:

Relied Bent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/7/08

467-837-3626

Daytime Phone #