


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000035085 1. Entity Name HILLS POINT, L.L.C.	
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Principal Place of Business 175 HILLSPPOINT ROAD WESTPORT, CT 06880 US	Mailing Address 175 HILLSPPOINT ROAD WESTPORT, CT 06880 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0092405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRK GRANTHAM, P.A.  
1860  
SUITE NO. 105  
WEST PALM BEACH, FL 33406

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIEBERSON, RHONA S.DERRIN 175 HILLSPPOINT ROAD WESTPORT, CT 06880
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01/10/05-80026-025 50.00

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #