


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90555 034 \*\*\*\*50.00

<b>DOCUMENT # L03000039179</b> 1. Entity Name HILLCREST PARTNERS, LLC	
---	---

Principal Place of Business 1701 S. FLORIDA AVE. LAKELAND, FL 33803	Mailing Address 1701 S. FLORIDA AVE. LAKELAND, FL 33803
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03152004 Chg-LLC CR2E083 (10/03)


<b>6. Name and Address of Current Registered Agent</b>  JOUGHIN, LESLIE E III ESQ C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 S. ASHLEY DR., STE. 1500 TAMPA, FL 33602	<b>7. Name and Address of New Registered Agent</b> Name: Stephen A. Moore, Jr., Street Address (P.O. Box Number is Not Acceptable): 1701 S. Florida Ave. City: Lakeland FL Zip Code: 33803
---	--

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	S.A. Moore, Jr. MGRM	DATE 3-22-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Stephen A. Moore, Jr. 1701 S. Florida Ave. Lakeland, FL 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	S.A. Moore, Jr.	DATE: 3-22-04	DAYTIME PHONE #: 863-904-1040
--	-----------------	---------------	-------------------------------