

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90021 017 \*\*\*\*50.00

**DOCUMENT # L03000039890**

1. Entity Name  
**HILLTOP GROVES, L.L.C.**



Principal Place of Business  
**5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809**

Mailing Address  
**5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809**

**20022384**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1077584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SAUNDERS, JOE L  
5529 U.S. HIGHWAY 98 NORTH  
LAKELAND, FL 33809**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>WILHELM</del> , KENNETH F <i>WILHELM</i> 5529 US HWY 98 N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUNDERS, LEIE 5529 US HWY 98 N LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

**SIGNATURE:**

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

Date

Daytime Phone #