

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042597

Entity Name: TILTON HILTON, L.L.C.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

2817 N.E. 10TH AVENUE
WILTON MANORS, FL 33334

New Principal Place of Business:

Current Mailing Address:

2817 N.E. 10TH AVENUE
WILTON MANORS, FL 33334

New Mailing Address:

FEI Number: 26-3675376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHACKI, DAVID J
2817 N.E. 10TH AVENUE
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ARCHACKI, DAVID J
Address: 2817 N.E. 10TH AVENUE
City-St-Zip: WILTON MANORS, FL 33334

Title: MGRM () Delete
Name: ARCHACKI, LARRY R
Address: 2627 NE 10 AVE.
City-St-Zip: WILTON MANORS, FL 33334

Title: MGRM () Delete
Name: PILCH, JOHN D
Address: 270 SE 8 ST
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM () Delete
Name: TUCKER, CURTIS
Address: 3901 NE 16 TERR.
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM () Delete
Name: MINYARD, LYLE
Address: 2609 NW 6 AVE.
City-St-Zip: WILTON MANORS, FL 33311

Title: MGRM () Delete
Name: RIDOUT, JAMES E
Address: 60 NE 25 ST
City-St-Zip: WILTON MANORS, FL 33305

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID J. ARCHACKI

MGR

01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date