2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

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

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/MANAGERS:

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
Name:	
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 Chapter 119, 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 01/11/2006

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