


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90221 031 ****50.00

DOCUMENT # L03000043123		
1. Entity Name HEMLOCK, L.L.C.		

Principal Place of Business 6001 COUNTRY CLUB DRIVE LAKE WALES, FL 33898	Mailing Address 6001 COUNTRY CLUB DRIVE LAKE WALES, FL 33898
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2. Principal Place of Business <i>522 Clubhouse Drive</i>	3. Mailing Address <i>522 Clubhouse Drive</i>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <i>Lake Wales, FL</i>	City & State <i>Lake Wales, FL</i>
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Zip <i>33898</i>	Country <i>USA</i>	Zip <i>33898</i>	Country <i>USA</i>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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WILLIAMS, ROBERT L JR. 225 E. PARK AVENUE LAKE WALES, FL 33853		Name <i>D. Andrew Hunt</i> Street Address (P.O. Box Number is Not Acceptable) <i>225 E. Park Ave.</i> City <i>Lake Wales</i> FL Zip Code <i>33853</i>	
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART, ELIZABETH B 2300 UNDERWOOD HOUSTON, TX 77030 <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
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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 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: *Elizabeth B. Stewart* (713) 818-3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #