


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044643 1. Entity Name HILLMOOR PARTNERS, LLC	
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Principal Place of Business 1801 SE HILLMOOR DR, STE B101 PORT ST LUCIE, FL 34952	Mailing Address 1801 SE HILLMOOR DR, STE B101 PORT ST LUCIE, FL 34952
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DO NOT WRITE IN THIS SPACE



03082005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0417938	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLIN, ALAN S M.D.
 1801 SE HILLMOOR DR, STE B101
 PORT ST LUCIE, FL 34952

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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 _____ (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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEM-ONC PROPERTIES, L.C. 1801 SE HILLMOOR DR, STE B101 PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZIAD MICHEL MARJIEH, M.D., P.A. 2100 NEBRASKA AVE., STE. 105 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/21/05-80071-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 # _____