


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000044643**  
 1. Entity Name  
**HILLMOOR PARTNERS, LLC**



Principal Place of Business      Mailing Address  
**1801 SE HILLMOOR DR, STE B101**      **1801 SE HILLMOOR DR, STE B101**  
**PORT ST LUCIE, FL 34952**              **PORT ST LUCIE, FL 34952**

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0417938</b>	Applied For 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  
**COLLIN, ALAN S M.D.**  
**1801 SE HILLMOOR DR, STE B101**  
**PORT ST LUCIE, FL 34952**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable      (NOTE: Registered Agent signature required when reinstating)

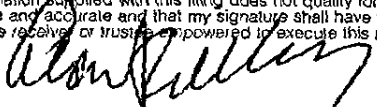
**Filing Fee is \$50.00**  
**Due by May 1, 2006**

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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 02/14/06-80001-015 50.00

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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 #