

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045803

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: H.I.L.T., L.L.C.

**Current Principal Place of Business:**

11857 NORTHWEST 12TH DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

11857 NORTHWEST 12TH DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 06-1716343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, GREGORY C  
11857 NORTHWEST 12TH DRIVE  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

JOHNSON, GREGORY C PRES.  
11857 NORTHWEST 12TH DRIVE  
CORAL SPRINGS, FL 33071 US

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: GREGORY C. JOHNSON

01/27/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: JOHNSON, GREGORY C  
Address: 11857 NORTHWEST 12TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGRM ( ) Delete  
Name: JOHNSON, JOHN C  
Address: 5306 SEA GRAPE CIRLCE  
City-St-Zip: TAMARAC, FL 33319

**ADDITIONS/CHANGES:**

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: GREGORY C. JOHNSON

MGRM

01/27/2004

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