2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048076

1. Entity Name HULL ROAD, LLC

Principal Place of Business

Mailing Addrag

266 B NORTH YONGE STREET ORMOND BEACH, FL 32174

266 B NORTH YONGE STREET ORMOND BEACH, FL 32174

FILED Feb 04, 2008 08:00 AN Secretary of State



01152008 No Chg-LLC

CR2E083 (12/07)

4,	FEI Number
	58-2677477

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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v.	Lamile	airu	WUMI 482	OI 4	MILLERIN	Registere	~~~	

Signature, typed or printed name of registered agent and title if applicable.

KIMBLE, SARANNE 266 B NORTH YONGE STREET ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SPACE

	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 em familiar with, and accept the obligations of registered agent.
01/	OVATURE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	KIMBLE, SARANNE			
STREET ADDRESS	266 B NORTH YONGE STREET			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			
TIFLE	MGRM			
NAME	KIMBLE, JACK H			
STREET ADDRESS	266 B NORTH YONGE STRREET			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			
TITLE	MGRM			
NAME	KIMBLE, DAN			
STREET ADDRESS	266 B NORTH YONGE STREET			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			
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U000000814517 02/13/08-80047-015 138.79

DATE

DO NOT WRITE IN THIS SPACE

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 eath; 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 SALANUS SUMBLE
SIGNATURE AND TYPED OR PRINTED MANE OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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