

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000052904

1. Entity Name
ALBERT A. HILL LLC



Principal Place of Business
11520 N.E. 234 PL. RD.
ORANGE SPRINGS, FL 32182

Mailing Address
PO BOX 299
ORANGE SPRINGS, FL 32182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

200426062

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, ALBERT A
11520 N.E. 234 PL. RD.
ORANGE SPRINGS, FL 32182

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME HILL, ALBERT A
STREET ADDRESS 11520 N.E. 234 PL. RD.
CITY-ST-ZIP ORANGE SPRINGS, FL 32182

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 012 ****55.00



7/6/04 352 546 2139