

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90296 044 \*\*\*\*55.00

**DOCUMENT # L03000055086**

1. Entity Name

ELIZABETH HICKMAN, LLC



Principal Place of Business

12531 MAHAN DRIVE  
TALLAHASSEE FL 32309

Mailing Address

12531 MAHAN DRIVE  
TALLAHASSEE FL 32309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

134210732

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

MOORE

CR2E083 (11/03)



6. Name and Address of Current Registered Agent

HICKMAN, ELIZABETH  
12531 MAHAN DRIVE  
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME HICKMAN, ELIZABETH  
STREET ADDRESS 12531 MAHAN DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Elizabeth Hickman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*3-2-04*  
Date

*322 86 31*  
*671-5506*  
Daytime Phone #