∠004 LIMITED LIABILITE COMPANI ANNUAL REPORT DOCUMENT # L03000055472 1. Entity Name LII DERRAND MANAGEMENT, LLC



FILED Sep 09, 2004 8:00 am Secretary of State

חובטו	KAND MANAGEME	INT, LLC						.Ty	
Principal Place of Business 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134			Mailing Address 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134						
	Place of Business		3. Mailing Address					THAPPA	
540 B Suite, Apt	iltmore Way		540 Bilt Suite, Apt. #, etc.	more W	Vay	_			
Julie, Api	. π, σισ .		Suite, Apr. #, etc.			07072004	Chg-LLC	CR2E083 (1	0/03)
City & Sta Coral	Gables, FL	City & State Coral Gables, FL			4. FEI Numbe 01-08	0-3490		Applied For Not Applicable	
Zip 33134	. Country USA		Zip 33134	Coun	-	5. Certificate	of Status Desired	□ \$5.0 Fee R	O Additional equired
	6. Name and Address	of Current I				7. Name and	Address of New F		
4 D 414C	IOLIN O				Name				
SLHTE-302			Biltmore	Way	Street Address	P.O. Box Number is Not Acceptable)			
CORAL G	ABLES, FL 33134		•						
					City			FL Zis	o Code
8. The above	named entity submits this	statement for	the purpose of changing	ng its registere	d office or registe	ered agent, or both	n, in the State of Fig		with, and accept
the obligations	tions of registered agent.								
	Signature, typed or printed name of r	egistered agent ar	nd title il applicable.	(NOTE: Registered	Agent signature require	ed when reinstating)		DATE	
	ling Fee is \$50.00 by September 8, 200	4					Florida	e check payable Department of	
9.		NG MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE NAME	MGR HILDEBRAND, CHARI	OTTE	☐ Delete	TITLE NAME		•		Ch:	ange Addition
STREET ADDRESS	4267 SAN RAFAEL AV				T ADDRESS	•	•		
CITY-ST-ZIP	LOS ANGELES, CA 9			CITY-	ST-ZIP				•
TITLE	MGR		Delete	TITLE			·	☐ Cha	ange 🔲 Addition
NAME	HILDEBRAND, DAVID			NAME	I	,			
STREET ADDRESS CITY - ST - ZIP	177 WOODLAND ROA ASHEVILLE, NC 2880			STREET CITY-5	T ADDRESS				İ
TITLE	ASHEVICLE, NO 2000		☐ Delete	TITLE	31-212	-		Cha	
NAME			CI Delete	NAME					inge 🔲 Addition
STREET ADDRESS				STREET	T ADDRESS	•			
CITY + ST - ZIP				CiTY-5	ST-ZIP				
TITLE	·		☐ Delete	TITLE	[Cha	nge 🔲 Addition
NAME Street address				NAME STREET	T ADDRESS	•			
City-St-Zip				CITY+S		•			
TITLE			☐ Delete	TITLE			-	☐ Cha	nge
NAME				NAME					
STREET ADDRESS					ADDRESS	ė.			
C.TY-ST-ZIP				CiTY-S	ST-ZIP	·			
TITLE			☐ Delete	TITLE				☐ Char	nge 🔲 Addition
NAME STREET ADDRESS					ADDRESS				ļ
DiTY-ST-ZIP				CITY-S					
indicated	certify that the information su on this report is true and ac bility company or the receive	curate and th	nat my signature shall h	ave the same I	legal effect as if m required by Chapt	nade under oath; ti ter 608, Florida Sta	nat I am a managii Itutes.	ng member or mar	he information hager of the
					11/	17 11	11 111 1	, <u> </u>	i

SIGNATURE:	CHARLOTTE	HILDEBRAND	Charlotte	Helleb	(305) 448-9022
SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING MAN	Date	Daytime Phone #		

ADAMS & ADAMS, P.A. #10300055472

S40 Biltmore Way
Coral Gables, FL 33134

JOHN C. ADAMS LL.M. IN TAXATION SUSAN STRICKROOT ADAMS LL.M. IN TAXATION

TELEPHONE: (305) 448-9022 WEBSITE: WWW.ADAMS-ADAMS.COM

September 4, 2004

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

Re: Hildebrand Management, LLC

Dear Sir or Madam:

You will find enclosed the 2004 Limited Liability Company Annual Report for Hildebrand Management, LLC., together with a check for the filing fee in the amount of \$50.

We respectfully request that you waive the \$400 penalty for late filing, as this entity was just created last year, and we were not previously notified of the due date for filing.

With best regards,

Sincerely,

John C. Adams, Esq.