

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Sep-08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056550

1. Entity Name
S AND S HICKORY PROPERTIES, LLC



Principal Place of Business
**5751 MARIMIN DRIVE
BONITA SPRINGS, FL 34134**

Mailing Address
**5751 MARIMIN DRIVE
BONITA SPRINGS, FL 34134**



08232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1607769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SIEFERT, GEORGE J
5751 MARIMIN DRIVE
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

1100000377947
09/08/05-80002-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHILLI, THOMAS R 27524 HICKORY BLVD. BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIEFERT, GEORGE J 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRANT, DOUGLAS M 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRANT, STEPHEN 5751 MARIMIN DRIVE BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

T. Schilli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-31-05

DATE AND DAYTIME PHONE NUMBER