## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000019388**

1. Entity Name HICKORY HILL, LLC



Principal Place of Business

509 GUISANDO DE AVILA, STE 200 TAMPA, FL 33613

Mailing Address

DO NOT WRITE IN THIS SPACE

509 GUISANDO DE AVILA, STE 200 TAMPA, FL 33613

## **FILED** Feb 21, 2006 08:00 AM **Secretary of State**



02072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0940485

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLOSSER, RICHARD A 500 E KENNEDY BLVD, STE 200 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of challons of registered agent.	nging its registered affice or registered agent, or b	oth, in the State of Florida. 1 am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if epolicable.	INOTE: Registered Agent signature required when reinstating)	CATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TYTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA PROPERTIES I LLC 509 GUISANDO DE AVILA #200 TAMPA, FL 33613	er H	Line and the second sec	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UDD000443261 U3/U4/06-80057-001	50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
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TITLE NAME STREET ADDRESS			## ###################################	

11. I hereby certify that the information supplied with this filling 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 only, that I am a managing member or manager of the fimilited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

URE: WHE DIN - HIMN N. 610Y
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

813-963-5476 Dayriche Phone #