




# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90399 042 \*\*\*138.75

<b>DOCUMENT # L04000039870</b> 1. Entity Name <b>HILLIARD, LLC</b>					
Principal Place of Business <b>9423 BAYMEADOWS RD SUITE 230 JACKSONVILLE, FL 32256</b>			Mailing Address <b>9423 BAYMEADOWS RD SUITE 230 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>9428 Baymeadows Rd</b> Suite, Apt. #, etc. <b>Suite 230</b>		3. Mailing Address <b>9428 Baymeadows Rd</b> Suite, Apt. #, etc. <b>Suite 230</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		02262008    Chg-LLC    CR2E083 (12/06)	
Zip    Country <b>32256    US</b>		Zip    Country <b>32256    US</b>		4. FEI Number <b>20-1161436</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PETERS, ROBERT L 28 SOUTH 10TH STREET FERNANDIANA BEACH, FL 32034</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RITCH, TIM 4362 DAVINCI AVE JACKSONVILLE, FL 32210</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Greg Rhee 9428 Baymeadows Rd Suite 230 Jacksonville, FL 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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 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.					
<b>SIGNATURE:</b>  <b>Tim Ritch</b>			<b>2/27/08</b> <b>904-996-8337</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		