2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000045708

1. Entity Name

1212 HILLVIEW DRIVE ASSOCIATES, LLC



Principal Place of Business

Mailing Address

C/O CARL R KUEHNER, BLDG & LAND TECH. 501 MERRITT 7 PENTHOUSE NORWALK, CT 06851 C/O CARL R KUEHNER, BLDG & LAND TECH. 501 MERRITT 7 PENTHOUSE NORWALK, CT 06851



02142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1301138 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN J 269 S. OSPREY AVE SUITE 100 SARASOTA, FL 34236

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8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM CALLANEN, PHILIP E 3410 FLAMINGO AVE. SARASOTA, FL 34242		U00000CC0000
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000663802 03/22/07-80018-022 50.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
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11. I hereby of indicated limited lia	certily that the information supplied with this filing does not on this report is true and accurate and that my signature s bility company of the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, F thall have the same legal effect as if made under oath; secute this report as required by Chapter 608, Florida St	lorida Statutes. I further certify that the information that I am a managing member or manager of the latutes.