

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056836

FILED
Jan 15, 2007
Secretary of State

Entity Name: HILLIARD EQUITY RESOURCES, LLC

Current Principal Place of Business:

8691 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

8691 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSSE, GEORGE R
8691 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GROSSE, GEORGE R
Address: 8691 COMMONWEALTH AVENUE
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGR () Delete
Name: HODGES, WYLLIE B
Address: 8600 STOCKS ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGR () Delete
Name: GROSSE, A. BARRY
Address: 1112 KINGSLAND COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GROSSE, A. BARRY
Address: 302 BUCKLAND WAY
City-St-Zip: GREENVILLE, SC 29615

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: A. BARRY GROSSE

MGR

01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date