

Feb 19 06 07:25p

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 037 ****50.00

DOCUMENT # L04000089400					
1. Entity Name RAND-HILLVIEW, LLC					
Principal Place of Business 1447 TANGIER WAY SARASOTA, FL 34239			Mailing Address 1447 TANGIER WAY SARASOTA, FL 34239		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name <u>BART LEEREVELD</u> Street Address (P.O. Box Number is Not Acceptable) <u>3701 BEE RIDGE RD</u> City <u>SARASOTA</u> FL Zip Code <u>34233</u>	
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 <u>[Signature]</u> <u>B. LEEREVELD</u> (NOTE: Registered Agent signature required when renewing) DATE <u>3/23/2006</u>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEEREVELD, BART 1447 TANGIER WAY SARASOTA, FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SVIRSKY, STEPHEN B 5117 OXFORD DRIVE SARASOTA, FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATANABE, KAHORU 5824 BEE RIDGE ROAD PMB 318 SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.					
SIGNATURE: <u>[Signature]</u> <u>B. LEEREVELD</u> 3/23/06 941 232 9958 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Company File #					