


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L04000092965	
1. Entity Name HILLIARD FARM 7, LLC	

Principal Place of Business 5500 FLAGHOLE ROAD CLEWISTON, FL 33440	Mailing Address 5500 FLAGHOLE ROAD CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE



03052007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2121799	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RIEF, FRANK J III 442 WEST KENNEDY BLVD., SUITE 340 TAMPA, FL 33606
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

00000729#92  
05/08/07-80030-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILLIARD, JOE M 5500 FLAGHOLE ROAD CLEWISTON, FL 33440
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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:  4/25/07      863-983-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #