Leiny Name HILL STREET INVESTMENTS, LLC Maling Address P 0 B02 231 ORLANDO, FL 32802 ORLANDO, FL 3280 ORLANDO, FL 32802 O	2007 LIMITED LIABILITY COMPANY ANNUAL REPORT					A	FILED Apr 05, 2007 8:00 an Secretary of State		
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Suite, Apt. #. etc. 0121207 Chg-LLC CR2E083 (12/06) City & State 4. FE Humber 51-0534951 Applied For 51-0534951 Applied For 51-0534951 Zip Country Zip Country 51.00 Zip Country Zip S. Centrate of Status Deviced F5.00 CHRISTIANSEN, PATRICK T State Applied For For Regulated File applied For For Regulated CHRISTIANSEN, PATRICK T Doing Liss The applied root for Not Regulatered Applied For Or Lando File applied For For Diag Liss File applied For For Tiando File applied For For For Tiando File applied For For For For For For For For For For For For F	420 SOUTH ORANGE AVE STE 1200	P 0 BOX 231							
OPERATION City & State City & State City & State City & State Zip Country Zip Country Zip Country A Name and Address of Current Registered Agent . Name and Address of Current Registered Agent Name Name Centification of Status Desired State CHRISTIANSEN, PATRICK T Name Docuglas F Onceker Docuglas F Onceker Docuglas F Note Acceptable State docume Fill State Fill State State Christiansen, partick T Name Docuglas F Note Acceptable State of provide statement for the purpose of changing its registered agent, or both in the State of Rorida. Lant Iamilar with, and acceptable Beginne, registered agent, or both State Both Acceptable State Acceptable Int Both Acceptable Both Acceptable Both Acceptable Both Acceptable Both Acceptable	2. Principal Place of Busin	3. Mailing Address							
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Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional res Required 6. Name and Address of Current Registered Agent I. Certificate of Status Desired \$5.00 Additional res Required CHRISTIANSEN, PATRICK T 200 SORANG AVE STE 1200 Name Diaglass Diaglass Diaglass P. D	City & State		City & State						
	Zip Country		Zip	Zip Country		5.00 Additional			
CHRISTIANSEN PARICK T 420 S ORANG AVE STE 1200 ORLANDO, FL 32801	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
8. The above gamed 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 oblighted registered agent, or both, in the State of Florida. I am familiar with, and accept the oblighted registered agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, or both, in the State of Florida. I am familiar with, and accept sequence required agent, and sequence	CHRISTIANSEN, PATRICK T Doug 420 S ORANG AVE STE 1200 Street Add 5511 ORLANDO, FL 32801					ess (P.O. Box Number is Not Acceptable) Hansel Ave.			
Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITTLE MGRM Delde ITTLE ADDITIONS / CHANGES ITTLE MGRM Delde ITTLE ADDITIONS / CHANGES ITTLE MGRM Delde ITTLE MAME Change Addition ITTLE MGRT Delde ITTLE ITTLE MAME Intle I			200	»	Orland ed office or regist	ered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
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NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete NAME THLE NAME STREET ADDRESS CITY-ST-ZP Change Addition STREET ADDRESS CITY-ST-ZP 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	TITLE NAME STREET ADDRESS		🗖 Delete	NAME STRE	E ET ADDRESS		🗋 Change 📑 Addition		
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SIGNATURE: Hearing, MANAGER 1/26/07 401-466-553	indicated on this repo limited liability compa-	rt is true and accurate and	that my signature shall have	the same	e legal effect as it	f made under oa	th; that I am a managing member or manager of the		