

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90028 005 \*\*\*\*50.00

<b>DOCUMENT # L05000004388</b>																					
<b>1. Entity Name</b> HILL STREET INVESTMENTS, LLC																					
<b>Principal Place of Business</b> 420 SOUTH ORANGE AVE STE 1200 ORLANDO, FL 32801			<b>Mailing Address</b> P O BOX 231 ORLANDO, FL 32802																		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country																		
<b>6. Name and Address of Current Registered Agent</b>  CHRISTIANSEN, PATRICK T 420 S ORANG AVE STE 1200 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Douglas P. Hooker    Douglas P. Hooker</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">5511 Hansel Ave.</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">Orlando</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">32809</td> </tr> </table>			Name		Douglas P. Hooker    Douglas P. Hooker		Street Address (P.O. Box Number is Not Acceptable)		5511 Hansel Ave.		City		Orlando	FL	Zip Code		32809	
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<b>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.</b> <table style="width:100%;"> <tr> <td style="width:60%; vertical-align: bottom;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:40%; vertical-align: bottom; text-align: right;"> <b>3-27-07</b>  <small>DATE</small> </td> </tr> </table>						<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	<b>3-27-07</b> <small>DATE</small>														
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to .. Florida Department of State</b>																			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																		
TITLE	MGRM <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>																	
NAME	HARRIS, NEAL		NAME																		
STREET ADDRESS	P O BOX 730		STREET ADDRESS																		
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP																		
TITLE	Mgr <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>																	
NAME	Hooker, Douglas P.		NAME																		
STREET ADDRESS	5511 Hansel Ave.		STREET ADDRESS																		
CITY-ST-ZIP	Orlando, FL 32809		CITY-ST-ZIP																		
TITLE	Mgr <span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>																	
NAME	Huber, Donald		NAME																		
STREET ADDRESS	P. O. Box 730		STREET ADDRESS																		
CITY-ST-ZIP	Windermere, FL 34786		CITY-ST-ZIP																		
TITLE	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE	<span style="float: right;"><input type="checkbox"/> Change   <input type="checkbox"/> Addition</span>																	
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STREET ADDRESS			STREET ADDRESS																		
CITY-ST-ZIP			CITY-ST-ZIP																		
<b>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.</b>																					
<b>SIGNATURE:</b> <b>MANAGER</b>			<b>1/26/07</b> <b>407-466-5530</b>																		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date                      Daytime Phone #</small>																		