

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000004388

1. Entity Name
HILL STREET INVESTMENTS, LLC



Principal Place of Business
420 SOUTH ORANGE AVE
STE 1200
ORLANDO, FL 32801

Mailing Address
P O BOX 231
ORLANDO, FL 32802



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0534951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOKER, DOUGLAS P
5511 HANSEL AVE
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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)

1100000029143

05/20/08-80095-007 198.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, NEAL
P O BOX 730
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOOKER, DOUGLAS P
5511 HANSEL AVE
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HUBER, DONALD
PO BOX 730
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/08

Date

407/851-1519

Daytime Phone #