

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90088 048 ***138.75

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03092008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000043280 1. Entity Name HILTON PROPERTY INVESTMENTS, LLC.					
Principal Place of Business 17064 CLINGMAN AVENUE PORT CHARLOTTE, FL 33954 US			Mailing Address 17064 CLINGMAN AVENUE PORT CHARLOTTE, FL 33954 US		
2. Principal Place of Business - No P.O. Box # 1603 Castlerock Lane		3. Mailing Address 1603 Castlerock Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Port Charlotte FL		City & State Port Charlotte FL		4. FEI Number 20-2772027	
Zip 33948		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33948		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HILTON, SUZANNE M 17064 CLINGMAN AVENUE PORT CHARLOTTE, FL 33954				7. Name and Address of New Registered Agent Name Hilton, Suzanne M Street Address (P.O. Box Number is Not Acceptable) 1603 Castlerock Lane City Port Charlotte FL Zip Code 33948	
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 Suzanne M Hilton DATE 3/14/08 <small>Signature (Typed or Printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILTON, SUZANNE M 17064 CLINGMAN AVENUE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILTON, GARY 17064 CLINGMAN AVENUE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Suzanne M Hilton DATE 3/14/08 (941)255-5442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					