

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90042 050 \*\*\*\*50.00

**DOCUMENT # L05000044332**

1. Entity Name

HEMPHILL PROPERTIES, L.L.C.



Principal Place of Business

26 N. JOHN YOUNG PARKWAY  
KISSIMMEE FL 34741

Mailing Address

1134 NEW YORK AVENUE  
ST. CLOUD FL 34769-3782



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-2785647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEMPHILL, JAMES C  
3203 TALL PINES CIRCLE  
ST. CLOUD FL 34771-9657

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete  
NAME HEMPHILL, JAMES C  
STREET ADDRESS 3203 TALL PINES CIRCLE  
CITY-ST-ZIP ST. CLOUD FL 34771-9657

TITLE MGRM ☐ Delete  
NAME HEMPHILL, ROBIN A  
STREET ADDRESS 3203 TALL PINES CIRCLE  
CITY-ST-ZIP ST. CLOUD FL 34771-9657

TITLE MGRM ☐ Delete  
NAME HEMPHILL, JOSEPH W  
STREET ADDRESS 14 N. PALM AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741-5330

TITLE MGRM ☐ Delete  
NAME HEMPHILL, JOMARIE  
STREET ADDRESS 14 N. PALM AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741-5330

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James C. Hemphill* 4/21/06 407-892-1506