## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000046171

HILLS OF ARIETTA, LLC



Principal Place of Business

250 AVE K SW

STE 103

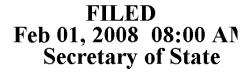
WINTER HAVEN, FL 33880

Mailing Address

250 AVE K SW

STE 103

WINTER HAVEN, FL 33880





	7.1			
DO NO	r wri	TE IN	THIS	SPACE

01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2813870

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CASSIDY, ALBERT B 250 AVE K, SW **STE 103** WINTER HAVEN, FL 33880 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)

DATE

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

U000000810718 02/08/08-80075-023

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CASSIDY PROPERTIES, INC. NAME 250 AVE L SW. STE 103 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 MGRM TITLE STRAWBRIDGE, V. FREDERICK NAME STREET ADDRESS 5120 SOUTH LAKELAND DRIVE LAKELAND, FL 33813 CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

-21-08

863-324-3690

Daytime Phone #