

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046171

Entity Name: HILLS OF ARIETTA, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

250 AVE K SW
STE 103
WINTER HAVEN, FL 33880

Current Mailing Address:

250 AVE K SW
STE 103
WINTER HAVEN, FL 33880

New Principal Place of Business:

250 AVE K SW
STE 100
WINTER HAVEN, FL 33880

New Mailing Address:

250 AVE K SW
STE 100
WINTER HAVEN, FL 33880

FEI Number: 20-2813870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CASSIDY, ALBERT B
250 AVE K, SW
STE 100
WINTER HAVEN, FL 33880 US

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.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASSIDY PROPERTIES,, INC.
Address: 250 AVE L SW. STE 103
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM () Delete
Name: STRAWBRIDGE, V. FREDERICK
Address: 5120 SOUTH LAKELAND DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASSIDY PROPERTIES,, INC.
Address: 250 AVE L SW. STE 100
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALBERT B. CASSIDY

MGR

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date