

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055484

FILED
Mar 27, 2009
Secretary of State

Entity Name: HICKORY HOLLOW LAND ACQUISITIONS FR, LLC

Current Principal Place of Business:

9001 EAST COLONIAL DRIVE
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

9001 EAST COLONIAL DRIVE
ORLANDO, FL 32817

New Mailing Address:

FEI Number: 20-2961521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER, P.A.
ATTN: MICHAEL E. GOODBREAD, JR.
50 NORTH LAURA STREET, SUITE 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: RODRIGUEZ, FRANK J
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: ATKINSON, CARL R
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

Title: T () Delete
Name: ALDEN, EDWARD M
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

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

Title: V (X) Change () Addition
Name: ATKINSON, CARL R
Address: 9001 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32817

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: EDWARD M ALDEN

T

03/27/2009

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