

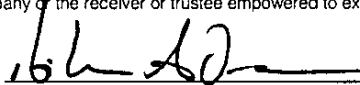


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000072211 1. Entity Name HILTON S. VERNON LLC					
Principal Place of Business 10992 MAYHAN DRIVE E. TALLAHASSEE, FL 32317				Mailing Address 10992 MAYHAN DRIVE E. TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box # 3891 PEACOCK LN Suite, Apt. #, etc.		3. Mailing Address 3891 PEACOCK LN Suite, Apt. #, etc.			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number NOT APPLICABLE	
Zip 32309		Zip 32309		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Country LEON		Country LEON		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VERNON, HILTON S 10992 MAYHAN DRIVE E. TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name Vernon, Hilton S Street Address (P.O. Box Number is Not Acceptable) 3891 Peacock Ln. City Tallahassee FL Zip Code 32309	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERNON, HILTON S 10992 MAYHAN DRIVE E. TALLAHASSEE, FL 32317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 3891 Peacock Ln. Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	400136100984 09/18/08--01039--011 **138.75	
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: 			Date Sept 16, 2008 Daytime Phone # 850 273 3633		