

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90043 004 \*\*\*\*50.00

**DOCUMENT # L05000075061**

1. Entity Name  
**HIK PROPERTIES, LLC**



Principal Place of Business  
**20988 CIPRES WAY  
BOCA RATON, FL 33433**

Mailing Address  
**20988 CIPRES WAY  
BOCA RATON, FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

*N.A.*

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATZIN, HELENE I  
20988 CIPRES WAY  
BOCA RATON, FL 33433**

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 (Applicable)

(NOTE: Registered Agent's signature required when installing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**MGRM  
KATZIN, HELENE I  
20988 CIPRES WAY  
BOCA RATON, FL 33433**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ Delete

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CITY, ST, ZIP

☐ Change

☐ 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*3/1/06*

*561-488-1547*

Date

Daytime Phone #