

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-01-2006 90041 004 ****50.00

DOCUMENT # L05000076304 1. Entity Name HERNANDO HILLS LLC					
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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	MGR HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW FL 33569 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEARNEY, BING CHARLES W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING C.W., JR 9625 WES KEARNEY WAY RIVERVIEW FL 33569 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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:		TRACY J. HARRIS, JR 4/12/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					

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04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3245230** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

813-621-0855