

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-03-2006 90040 028 ****55.00

DOCUMENT # L05000079747	
1. Entity Name INDIAN HILLS PROPERTIES, LLC	

Principal Place of Business 1515 SENECA COUNTY RD. #1 TIFFIN OH 44883 US	Mailing Address 1515 SENECA COUNTY RD. #1 TIFFIN OH 44883 US
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2. Principal Place of Business Suite, Apt. #, etc. 1704C INDIAN TR	3. Mailing Address Suite, Apt. #, etc. P.O. Box 213
City & State Leesburg FL	City & State Woodville
Zip 34748	Zip 43436
Country USA	Country USA

1st MOORE CR2E083 (10/05)

4. FEI Number 28-3464501	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PIERCE, O M 1704C INDIAN TRAIL LEESBURG FL 34748	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *O M Pierce* (NOTE: Registered Agent signature required when (check this)) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

\$55.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERCE, O M P.O. BOX 213 WOODVILLE OH 43469 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIERCE, ELIZABETH P.O. BOX 213 WOODVILLE OH 43469 ☐ 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
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 Section 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: *O M Pierce* **O.M. PIERCE** **4/24/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #