

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081004

FILED
Apr 29, 2006
Secretary of State

Entity Name: HIPPOLYTE'S PROPERTIES, LLC

Current Principal Place of Business:

5475 NW NORTH CRISONA CIRCLE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5475 NW NORTH CRISONA CIRCLE
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-3314395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS SMALL BUSINESS SERVICES, INC
5728 STRAWBERRY LAKES CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

DAVIS SMALL BUSINESS SERVICES, INC
P O BOX 486
BOYNTON BEACH, FL 33425 US

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: SHERLENE D. DAVIS

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIPPOLYTE, PAM M
Address: 5475 NW NORTH CRISONA CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR () Delete
Name: HIPPOLYTE, AARON
Address: 836 DIVISION AVE
City-St-Zip: WASHINGTON, DC 20019

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PAM M. HIPPOLYTE

MGR

04/29/2006

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