

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087695

FILED
Sep 04, 2006
Secretary of State

Entity Name: HICKORY LAKE ESTATE .LLC

Current Principal Place of Business:

11801 SILVER OAK D
SUITE 100
DAVIE, FL 33330 US

New Principal Place of Business:

11801 SILVER OAK DR
SUITE 100
DAVIE, FL 33330 US

Current Mailing Address:

11801 SILVER OAK D
SUITE 100
DAVIE, FL 33330 US

New Mailing Address:

11801 SILVER OAK DRIVE
SUITE 100
DAVIE, FL 33330 US

FEI Number: 01-0842966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PADAVATHIL, JACOB T
5200 LANCELOT LANE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMAS, ABRAHAM
Address: 11801 SW 44 ST
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM () Delete
Name: VARUGHESE, GEORGY
Address: 779 REGAL COVE RD
City-St-Zip: WESTERN, FL 33327 US

Title: MGRM () Delete
Name: JACOB, MATHEW
Address: 19145 N GARDENIA AVE
City-St-Zip: WESTERN, FL 33332 US

Title: MGRM () Delete
Name: PADAVATHIL, JACOB
Address: 5200 LANCELOT LANE
City-St-Zip: DAVIE, FL 33331 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM () Change (X) Addition
Name: KALAPURAKKAL, THOMAS
Address: 4614 LEICESTER WAY
City-St-Zip: MISSOURI CITY, TX 77459 US

Title: MGRM () Change (X) Addition
Name: CHACKO, JOSEPH
Address: 4912 NW 57 LN
City-St-Zip: CORAL SPRINGS, FL 33067 US

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: ABRAHAMTHOMAS

MGRM

09/04/2006

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