2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L05000087695

Entity Name: HICKORY LAKE ESTATE .LLC

Current Principal Place of Business:

11801 SILVER OAK DR
SUITE 100
DAVIE, FL 33330 US

New Principal Place of Business:

Current Mailing Address:

11801 SILVER OAK DRIVE
SUITE 100
DAVIE, FL 33330 US

New Mailing Address:

FEI Number: 01-0842966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	MGRM	( ) Delete
Name:	KALAPURAKKAL, THOMAS	
Address:	4614 LEICESTER WAY	
City-St-Zip:	MISSOURI CITY, TX 77459 US	
Title:	MGRM	( ) Delete
Name:	CHACKO, JOSEPH	
Address:	4912 NW 57 LN	
City-St-Zip:	CORAL SPRINGS, FL 33067 US	

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:	( ) 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: THOMASABRAHAM MGRM 02/06/2007

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