2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087695

Entity Name: HICKORY LAKE ESTATE .LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VER OAK DR		·		
SUITE 100)				
DAVIE, FL	. 33330 US				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
11801 SILV	/ER OAK DRIVE				
SUITE 100 DAVIE, FL					
,		FFI Number Applied For ()		Continues of Status Basinad ()	
FEI Number	: 01-0842966	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	HIL, JACOB T CELOT LANE . 33331 US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
MANAGING	MEMBERS/MANA	GERS:	ADDITIONS/CHANGES:		
Title: Name:	MGRM () THOMAS, ABRA	Delete HAM	Title: Name:	() Change () Addition	
Address: City-St-Zip:	11801 SW 44 ST		Address: City-St-Zip:		
Title:	MGRM ()	Delete	Title:	() Change () Addition	
Name:	VARUGHESE, GEORGY		Name:		
Address: City-St-Zip:	779 REGAL CC WESTERN, FL		Address: City-St-Zip:		
Oity Ot Zip.	**************************************	00027 00	Oity of Zip.		
Title:		Delete	Title:	() Change () Addition	
Name: Address:	JACOB, MATHE 19145 N GARDE		Name: Address:		
City-St-Zip:	WESTERN, FL		City-St-Zip:		
Title:	MGRM ()	Delete	Title:	() Change () Addition	
Name:	PADAVATHIL, J		Name:		
Address: City-St-Zip:	5200 LANCELO DAVIE, FL 3333		Address: City-St-Zip:		
Title:	MGRM ()	Dolata	Title:	() Change () Addition	
Name:	MGRM () Delete KALAPURAKKAL, THOMAS		Name:	() Change () Addition	
Address:	4614 LEICESTER WAY		Address:		
City-St-Zip:	MISSOURI CITY	7, TX 77459 US	City-St-Zip:		
Title:	. ,	Delete	Title:	() Change () Addition	
Name:	CHACKO, JOSE		Name:		
Address: City-St-Zip:	4912 NW 57 LN CORAL SPRING	S, FL 33067 US	Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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 04/13/2009