


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90084 010 ***200.00

DOCUMENT # L05000094376 1. Entity Name HI PINES, LLC					
Principal Place of Business 4555 LAKE IN THE WOODS DRIVE SPRING HILL, FL 34607			Mailing Address 4555 LAKE IN THE WOODS DRIVE SPRING HILL, FL 34607		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01182006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-3604865	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HADOS, DIMITRI 4555 LAKE IN THE WOODS DRIVE SPRING HILL, FL 34607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HADOS, DIMITRI 4555 LAKE IN THE WOODS DRIVE SPRING HILL, FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HADOS, DONNA 4555 LAKE IN THE WOODS DRIVE SPRING HILL, FL 34607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Donna Hados</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Member <i>June 25-06</i> 352 592 4799 <small>Date Daytime Phone #</small>		

ATTACHMENT

20041741

#L05000094376

Peter Makris CPA
2110 Drew Street
Clearwater, Florida 33765

January 20, 2006

Enclosed is the Annual Renewal Report for your Corporation. This form must be filed in order to keep your corporation active. Please file before May 1, 2006 and enclose a check payable to Florida Department of State.

The fee for a Corporation is \$150.00

The fee for an LLC is \$50.00

If you have any questions please don't hesitate to call.

He Jones LLC