

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000098499

1. Entity Name
CADILLAC HILL LLC



Principal Place of Business
19801 NW HWY 335
WILLISTON, FL 32696 US

Mailing Address
19801 NW HWY 335
WILLISTON, FL 32696 US

2. Principal Place of Business - No P.O. Box #
18050 NE 55 ST

3. Mailing Address
18050 NE 55 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WILLISTON, FL

City & State
WILLISTON, FL

Zip
32696

Country
Levy

Zip
32696

Country
Levy

6. Name and Address of Current Registered Agent

SHARON C BRANNAN CPA PA
161 N MAIN STREET
WILLISTON, FL 32696

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: *Debra M. Burd*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

1/15/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME BOYER, KENNEDY G SR
STREET ADDRESS 19801 NW HWY 335
CITY-ST-ZIP WILLISTON, FL 32696

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM
NAME BULLOCK, WADE
STREET ADDRESS 505 SW 7TH STREET
CITY-ST-ZIP WILLISTON, FL 32696

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE MGRM
NAME BOYER, KENNEDY G JR
STREET ADDRESS 19801 NW HWY 335
CITY-ST-ZIP WILLISTON, FL 32696

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Debra M. Burd*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/15/07

**FILED
Jan 18, 2007 8:00 am
Secretary of State**

01-18-2007 90020 012 ****50.00



01152007 Chg-LLC CR2E083 (12/06)