

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110396

Entity Name: HICKORY LAKE LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

1016 COLLIER CENTER WAY, SUITE 100
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1016 COLLIER CENTER WAY, SUITE 100
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-3802731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, ROBERT D
1016 COLLIER CENTER WAY, SUITE 100
NAPLES, FL 34110 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: P () Delete
Name: TILLER, RONALD
Address: 940 OHIPPS BEND ROAD
City-St-Zip: SURGIONSVILLE, TN 37873

Title: D () Delete
Name: MITCHELL, R. LAKEN
Address: 1016 COLLIER CENTER WAY, SUITE 100
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: WHITE, ROBERT D
Address: 1016 COLLIER CENTER WAY, SUITE 100
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: TILLER, RONALD
Address: 940 PHIPPS BEND ROAD
City-St-Zip: SURGIONSVILLE, TN 37873

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: ROBERT D WHITE

MR

02/08/2006

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