## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000110396

1016 COLLIER CENTER WAY, SUITE 100

NAPLES, FL 34110

Address:

City-St-Zip:

Entity Name: HICKORY LAKE LLC

FILED Mar 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1016 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 **Current Mailing Address: New Mailing Address:** 1016 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 FEI Number: 20-3802731 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHITE, ROBERT D 1016 COLLIER CENTER WAY, SUITE 100 NAPLES, FL 34110 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete TILLER, RONALD Name: Name: Address: 2038 BROOKSIDE LANE Address: City-St-Zip: KINGSPORT, TN 37660 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MITCHELL, R. LAKEN Name: Address: 1016 COLLIER CENTER WAY, SUITE 100 Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, ROBERT D Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT D WHITE MGR 03/13/2009