

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000112345**

1. Entity Name  
**HILLCREST PARTNERS, LLC**



Principal Place of Business  
**1200 DELANEY AVENUE  
ORLANDO, FL 32806**

Mailing Address  
**1200 DELANEY AVENUE  
ORLANDO, FL 32806**



04292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3914928**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TRINH-LE, TO-LAN  
1200 DELANEY AVENUE  
ORLANDO, FL 32806**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000950838  
06/04/08-80007-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TRINH-LE, TO-LAN  
1200 DELANEY AVENUE  
ORLANDO, FL 32806**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RICHARDSON, GERALD B  
8611 DRAYTON COURT  
ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
FERNANDEZ, JOSE  
1913 COMMON WAY ROAD  
ORLANDO, FL 32814**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
NGUYEN, MINH THU  
700 GENTRY COURT  
GOTHA, FL 34734**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**4/29/08**

Date

Daytime Phone #