


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000120070 1. Entity Name HILCONE, LLC	
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Principal Place of Business 25 HOMESTEAD ROAD SUITE 11 LEHIGH ACRES, FL 33936	Mailing Address 25 HOMESTEAD ROAD SUITE 11 LEHIGH ACRES, FL 33936
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01122007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-2913114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, JOHN M
8911 DANIELS PARKWAY
SUITE 6
FORT MYERS, FL 33912

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

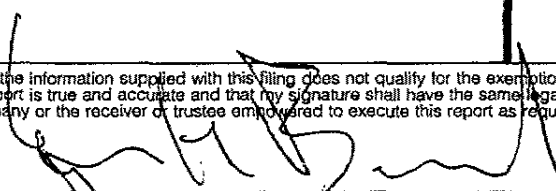
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOROSCH, EUGEN K 25 HOMESTEAD ROAD, SUITE 11 LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOROSCH, CONCEPCION M 25 HOMESTEAD ROAD, SUITE 11 LEHIGH ACRES, FL 33936
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1100000608875
02/01/07-80027-018 50.00

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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:  1-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #