
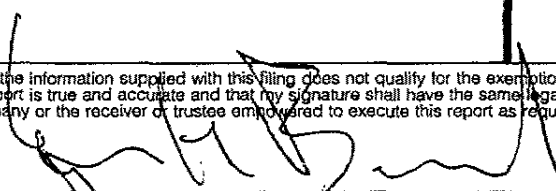


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000120070 1. Entity Name HILCONE, LLC		
Principal Place of Business 25 HOMESTEAD ROAD SUITE 11 LEHIGH ACRES, FL 33936		Mailing Address 25 HOMESTEAD ROAD SUITE 11 LEHIGH ACRES, FL 33936
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes. SIGNATURE:  1-16-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>		



01122007No Chg-LLC

CR2E083 (11/05)

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	

U00000608875
02/01/07-80027-018 50.00

**DO NOT WRITE
IN THIS SPACE**