

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003507

**FILED**  
**May 24, 2007**  
**Secretary of State**

**Entity Name:** THE HICKORY ISLAND COLLECTION, LLC

**Current Principal Place of Business:**

11491 N HONEY JORDAN POINT  
INGLIS, FL 34449

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1529  
INGLIS, FL 34449

**New Mailing Address:**

FEI Number: 20-4153413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BARNES, COHEN & JONES, CPA'S, PA  
441 N E 1ST STREET  
CRYSTAL RIVER, FL 34429      US

**Name and Address of New Registered Agent:**

BARNES AND COHEN, CPA'S, PA  
441 N E 1ST STREET  
CRYSTAL RIVER, FL 34429      US

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: G MAX BARNES, CPA

05/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ALLEN, DANIEL L  
Address: P O BOX 1529  
City-St-Zip: INGLIS, FL 34449

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DANIEL L. ALLEN

MGMR

05/24/2007

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