

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90147 020 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |         |                                                                                                                                                                                                                                       |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000020740</b><br>1. Entity Name<br><b>MARCELLA A HILL LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |         |                                                                                                                                                                                                                                       |  |  |
| Principal Place of Business<br><b>15515 CEDARWOOD DR.<br/>NAPLES, FL 34110 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |         | Mailing Address<br><b>15515 CEDARWOOD DR.<br/>NAPLES, FL 34110 US</b>                                                                                                                                                                 |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                             |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |         | City & State                                                                                                                                                                                                                          |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Country |                                                                                                                                                                                                                                       | Zip                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               | Country |                                                                                                                                                                                                                                       | 4. FEI Number<br><b>20-4907095</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |         |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HILL, MARCELLA A<br/>15515 CEDARWOOD DR.<br/>NAPLES, FL 34110</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                 |                                                                                                               |         |                                                                                                                                                                                                                                       |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |         |                                                                                                                                                                                                                                       | <b>Make check payable to<br/>Florida Department of State</b>                      |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |         | <b>10. ADDITIONS / CHANGES</b>                                                                                                                                                                                                        |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>HILL, MARCELLA A<br/>15515 CEDARWOOD DR.<br/>NAPLES, FL 34110</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <u><i>Marcella A. Hill</i></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |         | Date: <u>1-23-07</u>                                                                                                                                                                                                                  |                                                                                   |  |