

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000021078  
 1. Entity Name  
 HOILES HEIGHT, L.L.C.



Principal Place of Business      Mailing Address  
 5553 HWY 90                              5553 HWY 90  
 PACE, FL 32571                              PACE, FL 32571



03242008 No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 20-4215776      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 P.K. GARG FAMILY, L.L.C.  
 5553 HWY 90  
 PACE, FL 32571

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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 reinstating)

1100000037 P35 g  
 04/09/08-80122-017 138.75

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRACY, MICHAEL
STREET ADDRESS	1335 CREIGHTON ROAD
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGRM
NAME	P.K. GARG FAMILY, L.L.C.
STREET ADDRESS	5553 HWY 90
CITY-ST-ZIP	PACE, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: P. K. Garg      Managing Member 3-24-08      850-995-8811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #