2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

DOCUMENT # L06000037626 1. Entity Name 161 HILL AVENUE LLC						01-22-2007 9	00148 026 ****50	.00
Principal Place of Business Mailing Address					· ·	600044	52	
5890 HWY 8:		5890 HWY 83			000011	· O N		
DEFUNIAK SP	PRINGS, FL 32433	DEFUNIAK SPRINGS, FL 32433						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	er) _	plied For t Applicable	
Zìp	Country	Zip	Zip Country		5. Certificate	of Status Desired	☐ \$5.00 Add Fee Require	
ļ	6. Name and Address of Current	Registered Agent		Nesse	7. Name and	Address of New Ro	egistered Agent	
FISHER, JENNIFER				Name				
5890 HWY 83 DEFUNIAK SPRINGS, FL 32433				Street Address (P.O. Box Number is Not Acceptable)				
	÷							
ļ ,				City	FL Zip Code			
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registere	d office or reg	pistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .							<u></u>	
<u> </u>	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature re-	quired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
	uo by may 1, 2001					Florida	Department of Stat	e ·
9.	MANAGING MEMBE	RS/MANAGERS	10.			Florida ADDITIONS/		e -
TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE	i				Addition
TITLE NAME	MANAGING MEMBE MGRM FISHER, RON		TITLE NAME				CHANGES	
TITLE	MANAGING MEMBE	☐ Delete	TITLE NAME STREE	i			CHANGES	
TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM FISHER, RON 5890 HWY 83	☐ Delete	TITLE NAME STREE	ET ADORESS ST-ZIP			CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM FISHER, RON 5890 HWY 83 DEFUNIAK SPRINGS, FL 32433	☐ Delete	TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP			CHANGES Change	Addition
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-18-0

Daytime Phone #