

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000113242

1. Entity Name
HICKS KAHLUA BEACH, LLC



Principal Place of Business
**3100 HARTFORD STREET N.
UNIT 104
ST. PETERSBURG, FL 33713 US**

Mailing Address
**3100 HARTFORD STREET N.
UNIT 104
ST. PETERSBURG, FL 33713 US**



01182008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5933807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HICKS, RICHARD
3100 HARTFORD STREET N.
UNIT 104
ST. PETERSBURG, FL 33713**

**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 _____

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKS, RICHARD
3100 HARTFORD STREET N. UNIT 104
ST. PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKS, TERRY
320 NE 59TH COURT
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKS, JAN
3861 WILLOW VIEW COURT
SANTA ROSA, CA 95403**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKS, ALLEN
PO BOX 57
WHITEWATER, WI 53190**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HICKS, DALE
2221 E. MILWAUKEE STREET
JANESVILLE, WI 53545**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000803221
02/05/08-80016-015 138.75

**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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-2008

Date

**727-388
6782**

Daytime Phone #