2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000016632

Entity Name: HILLTOP CABIN INVESTMENTS LLC

Current Principal Place of Business:

25 EASTLAKE DRIVE
PALM COAST, FL 32137 US

New Principal Place of Business:

3766 ROSCOMMON DRIVE
SUITE 166
ORMOND BEACH, FL 32174 US

Current Mailing Address:

25 EASTLAKE DRIVE
PALM COAST, FL 32137 US

New Mailing Address:

3766 ROSCOMMON DRIVE
SUITE 166
ORMOND BEACH, FL 32174 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, GREGORY L
25 EASTLAKE DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

HILL, GREGORY L
3766 ROSCOMMON DRIVE
SUITE 166
ORMOND BEACH, FL 32174 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: GREGORY HILL 04/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HILL, GREGORY L
Address: 25 EASTLAKE DRIVE
City-St-Zip: PALM COAST, FL 32137 US

Title: MGR (X) Delete
Name: HILL, POLLY S
Address: 25 EASTLAKE DRIVE
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HILL, GREGORY L
Address: 3766 ROSCOMMON DR, SUITE 166
City-St-Zip: ORMOND BEACH, FL 32174 US

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: GREGORY HILL MGRM 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date