


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90258 012 ***138.75

DOCUMENT # L07000024508 1. Entity Name HILTON MOTEL, LLC					
Principal Place of Business 2767 PHIL TYNER ROAD CRESTVIEW FL 32536			Mailing Address 2767 PHIL TYNER ROAD CRESTVIEW FL 32536		
2. Principal Place of Business - No P.O. Box # 353 Hwy 90 W		3. Mailing Address Same as Above			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Crestview FL		City & State 		4. FEI Number 59-2362246	
Zip 32536		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, JAMES P. 315 S. HYDE PARK AVENUE TAMPA FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent Signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner ROBERT E. TATE 2767 Phil Tyner Rd Crestview, FL 32536 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE			2.8.08 (888) 682.0421 Date Daytime Phone #		



1st MOORE CR2E083 (10/07)