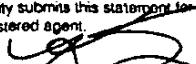
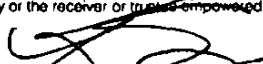


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90234 009 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                        |                                                                                                                                                                                                 |                                                                                        |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000078508</b><br>1. Entity Name<br>3101 HILL STREET, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                        |                                                                                                                                                                                                 |       |                                                                   |
| Principal Place of Business<br>711 CANOE TRAIL<br>VERO BEACH, FL 32963                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               |                                                        | Mailing Address<br>711 CANOE TRAIL<br>VERO BEACH, FL 32963                                                                                                                                      |                                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               | 3. Mailing Address<br><br>Suite, Apt. #, etc.          |                                                                                                                                                                                                 |                                                                                        |                                                                   |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | City & State<br><br>Zip      Country                   |                                                                                                                                                                                                 | 4. FEI Number<br><div style="font-size: 1.2em; font-family: cursive;">26-0628085</div> |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |                                                                                                                                                                                                 |                                                                                        |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>SCURES-GUTIERREZ, KATHERINE<br>711 CANOE TRAIL<br>VERO BEACH, FL 32963                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                        | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="border: 1px solid black; padding: 0 5px;">FL</span> Zip Code |                                                                                        |                                                                   |
| 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.<br><br>SIGNATURE:  DATE: _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                                                               |                                                        |                                                                                                                                                                                                 |                                                                                        |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                        | Make check payable to:<br>Florida Department of State                                                                                                                                           |                                                                                        |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                        | 10. ADDITIONS/CHANGES                                                                                                                                                                           |                                                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGR<br>SCURES, MICHAEL R<br>8324 AMBER OAK DRIVE<br>ORLANDO, FL 32817         | <input type="checkbox"/> Delete                        |                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MGR<br>SCURES-GUTIERREZ, KATHERINE<br>711 CANOE TRAIL<br>VERO BEACH, FL 32963 | <input type="checkbox"/> Delete                        |                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                        |                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                        |                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Delete                                               | <input type="checkbox"/> Delete                        |                                                                                                                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                        | Date: <span style="font-size: 1.2em; font-family: cursive;">4-1-08</span> <span style="font-size: 1.2em; font-family: cursive;">772-913-5445</span>                                             |                                                                                        |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                        |                                                                                                                                                                                                 |                                                                                        |                                                                   |

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