

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097266

FILED
Mar 31, 2009
Secretary of State

Entity Name: HILL & CHEVALIER P.L.L.C.

Current Principal Place of Business:

8834 GOODBY'S EXECUTIVE DRIVE.
STE. A
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

8834 GOODBY'S EXECUTIVE DRIVE.
STE. A
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 26-1098127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, DEBRA S
8834 GOODBY'S EXECUTIVE DR.
STE. A
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEBRA S. HILL, P.A.,
Address: 8834 GOODBY'S EXECUTIVE DR., STE. A
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGR () Delete
Name: CHEVALIER LAW, P.L.L., .C
Address: 8834 GOODBY'S EXECUTIVE DR.
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEBRA S. HILL, P.A.,
Address: 8834 GOODBY'S EXECUTIVE DR., STE. A
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM (X) Change () Addition
Name: CHEVALIER LAW, P.L.L., .C
Address: 8834 GOODBY'S EXECUTIVE DR.
City-St-Zip: JACKSONVILLE, FL 32217

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: SHANNA CHEVALIER

MGRM

03/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date