

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000108189

**FILED**  
**Mar 18, 2009**  
**Secretary of State****Entity Name:** HILTON INVESTMENT GROUP, LLC**Current Principal Place of Business:**24309 WELDON DRIVE  
EUSTIS, FL 32726**New Principal Place of Business:**27615 US HWY 27  
STE 112-204  
LEESBURG, FL 34748**Current Mailing Address:**24309 WELDON DRIVE  
EUSTIS, FL 32726**New Mailing Address:**27615 US HWY 27  
STE 112-204  
LEESBURG, FL 34748**FEI Number:** 26-3753719**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LAWSON, RANDY  
24309 WELDON DRIVE  
EUSTIS, FL 32726 US**Name and Address of New Registered Agent:**QUICKBOOKS SOLUTIONS  
27615 US HWY 27  
STE 112-204  
LEESBURG, FL 34748 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: HEATHER PERKINS

03/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** LAWSON, RANDY  
**Address:** 24309 WELDON DRIVE  
**City-St-Zip:** EUSTIS, FL 32726**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** PERKINS, HEATHER  
**Address:** 27615 US HWY 27, STE 112-204  
**City-St-Zip:** LEESBURG, FL 34748

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: HEATHER PERKINS

MGRM

03/18/2009

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