


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L96000000600		
1. Entity Name HILLIARD LEASING, L.L.C.		
Principal Place of Business 5500 FLAGHOLE RD. CLEWISTON, FL 33440-9429	Mailing Address 5500 FLAGHOLE RD. CLEWISTON, FL 33440-9429	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HILLARD, JOE M 500 FLAGHOLE RD. CLEWISTON, FL 33440-9429		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HILLIARD, JOE M 5500 FLAGHOLE RD. CLEWISTON, FL 334409429	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 508, Florida Statutes.		
SIGNATURE: <u>Joe M. Hilliard</u> <u>4/24/06</u> <u>863-982-5111</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04162006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0694505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/06/06-80135-012 50.00