2008 LIMITED LIABILITY COMPANY

FILED Apr 04, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L96000000600 1. Entity Name HILLIARD LEASING, L.L.C. Mailing Address Principal Place of Business 5500 FLAGHOLE RD. 5500 FLAGHOLE RD. CLEWISTON, FL 33440-9429 CLEWISTON, FL 33440-9429 CR2E083 (12/07) 02152008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0694505 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HILLARD, JOE M 500 FLAGHOLE RD. CLEWISTON, FL 33440-9429 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HILLIARD, JOE M STREET ADDRESS 5500 FLAGHOLE RD. CLEWISTON, FL 334409429 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

NAME STREET ADDRESS C11Y-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP