

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004521

Entity Name: IAP-HILL, L.L.C.

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

7315 NORTH ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3590089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 (X) Delete
Name: PAYTON, ROBERT D
Address: 7315 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: HAMM, EDWARD D
Address: 7315 NORTH ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGR () Delete
Name: NEFFGEN, ALFRED V
Address: 7315 NORTH ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: ST () Delete
Name: JENNINGS, JAMES W
Address: 7315 NORTH ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W JENNINGS

ST

01/16/2007

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