


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000003480 1. Entity Name HICKORY GROVES LLC	
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Principal Place of Business 7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001	Mailing Address 7 PENN PLAZA, SUITE 618 NEW YORK, NY 10001
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DO NOT WRITE IN THIS SPACE



03102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 42-6632022	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

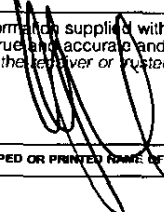
000000874703
04/11/08-80003-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM	THE GERTRUDE FEIL MARITAL TRUST
NAME	7 PENN PLAZA, SUITE 618
STREET ADDRESS	NEW YORK, NY 10001
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **Jeffrey J. Feil member** 3/24/08 563-6557

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Date Daytime Phone #