

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001198

FILED
Jul 10, 2006
Secretary of State

Entity Name: HICKORY LAKE LLC

Current Principal Place of Business:

940 PHIPPS BEND ROAD
SURGIONSVILLE, TN 36763

New Principal Place of Business:

Current Mailing Address:

940 PHIPPS BEND ROAD
SURGIONSVILLE, TN 36763

New Mailing Address:

1016 COLLIER CENTER WAY SUITE 100
NAPLES, FL 34110

FEI Number: 42-1660460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, ROBERT
1016 COLLIER CENTER WAY SUITE 100
NAPLES, FL 34110 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TILLER, RONALD R
Address: 940 PHIPPS BEND ROAD
City-St-Zip: SURGIONSVILLE, TN 36763

Title: MGR () Delete
Name: BASLER, WAYNE
Address: 940 PHIPPS BEND ROAD
City-St-Zip: SURGIONSVILLE, TN 36763

Title: MGR () Delete
Name: MITCHELL, R. LAKEN
Address: 1016 COLLIER CENTER WAY, #100
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: WHITE, ROBERT D
Address: 1016 COLLIER CENTER WAY, #100
City-St-Zip: NAPLES, FL 34110

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: ROBERT WHITE

MR.

07/10/2006

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