

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-27-2004 90084 015 *****55.00

DOCUMENT # M99000002067

1. Entity Name
HICKORY COMPANY, L.L.C.



Principal Place of Business
**2400 FIRST STREET, STE. 200
FT.MYERS, FL 33901**

Mailing Address
**2400 FIRST STREET, STE. 200
FT.MYERS, FL 33901**



09212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1813539

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEVEN W. HUBBARD
2320 FIRST STREET, STE. 1000
FT.MYERS, FL 33901**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JANSON, CHRISTOPHER P
2400 FIRST STREET, STE. 200
FT.MYERS, FL 33901**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *CPA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Christopher P. Janson

9-22-04

Date

239 344-0490 #108

Daytime Phone #