


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000002067 1. Entity Name HICKORY COMPANY, L.L.C.	
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Principal Place of Business 2400 FIRST STREET, STE. 200 FT.MYERS, FL 33901	Mailing Address 2400 FIRST STREET, STE. 200 FT.MYERS, FL 33901
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07122005 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 <input checked="" type="checkbox"/>	\$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
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**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 7, 2005**

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)(f), 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: Christopher P. Janson 9-7-05 239 344-0490 EXT 108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #