

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054580

Entity Name: HAYES & CARABALLO, P.L.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

830 LUCRENE TERR
ORLANDO, FL 32801 US

New Principal Place of Business:

830 LUCERNE TERRACE
ORLANDO, FL 32801 US

Current Mailing Address:

POST OFFICE BOX 547248
ORLANDO, FL 32854 US

New Mailing Address:

FEI Number: 41-2121150 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARABALLO, TINA L
3117 EDGEWATER DRIVE
ORLANDO, FL FL US

Name and Address of New Registered Agent:

CARABALLO, TINA L
830 LUCERNE TERRACE
ORLANDO, FL 32801 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:

03/21/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSEMARY H. HAYES, P. .A.
Address: 3117 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM () Delete
Name: CARABALLO, TINA L
Address: 3117 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSEMARY H. HAYES, P. .A.
Address: 830 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM (X) Change () Addition
Name: CARABALLO, TINA L
Address: 830 LUCERNE TERRACE
City-St-Zip: ORLANDO, FL 32801 US

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: TINA L. CARABALLO

MGRM

03/21/2006

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