



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90072 004 \*\*\*\*50.00

3/6.

<b>DOCUMENT # L06000098897</b>					
1. Entity Name <b>HACKERS INVESTMENTS, LLC</b>					
Principal Place of Business 810 THOMASVILLE ROAD 2ND FLOOR TALLAHASSEE, FL 32303			Mailing Address 810 THOMASVILLE ROAD 2ND FLOOR TALLAHASSEE, FL 32303		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-5696995</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLANTON, EDWIN F 810 THOMASVILLE ROAD 2ND FLOOR TALLAHASSEE, FL 32303			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAUS, JOHN	NAME			
STREET ADDRESS	7564 PRESERVATION ROAD	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE VRIES, PETE	NAME			
STREET ADDRESS	7116 WOODED GORGE ROAD	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KRZYANIAK, BRIAN	NAME			
STREET ADDRESS	8413 IVY BROOK LANE	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	S.G. HOMES & LAND, LLC	NAME			
STREET ADDRESS	7505 PRESERVATION ROAD	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANTON, EDWIN F	NAME			
STREET ADDRESS	810 THOMASVILLE ROAD, 2ND FLOOR	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		3/1/07 (850) 894-8848			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	