


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000118132</b> 1. Entity Name <b>HUSSAR PROPERTIES, LLC</b>	
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**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>THE GRANDE AT LONGBOAT KEY, UNIT 2                  LONGBOAT KEY, FL 34228</b>	Mailing Address <b>7563 YELLOW CREEK DR                  POLAND, OH 44514</b>
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07072008No Chg-LLC      CR2E083 (12/07)

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4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RULLI, LOUISE E                  THE GRANDE AT LONGBOAT KEY, UNIT 2                  LONGBOAT KEY, FL 34228</b>	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75  
 Due by September 12, 2008**

00000355014  
 07/15/08-80007-010 538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM                      RULLI, LOUISE E                      7563 YELLOW CREEK DR                      POLAND, OH 44514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR                      RULLI, FRANK A                      7563 YELLOW CREEK DR                      POLAND, OH 44514</b>
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Louise Rulli      7-7-8      330-540-6047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #