


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000003694 1. Entity Name HADAR, LLC |  |
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| Principal Place of Business 9625 WES KEARNY WAY RIVERVIEW, FL 33569 | Mailing Address P.O. BOX 5299 TAMPA, FL 33675-5299 |
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04072004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 59-3638429 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HARRIS, TRACY J JR. 9625 WES KEARNY WAY RIVERVIEW, FL 33569 |
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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 May 1, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HARRIS, TRACY J JR. 701 INDIANA AVENUE PALM HARBOR, FL 34683 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602 |
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04/29/04-90089-007 50.00

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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:  **4/26/04** **813/621-7454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #