2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# L01000004256

Entity Name: GAUTIER & HASTY, P.L.

Current Principal Place of Business:

370 MINORCA AVE.
SUITE 21, THE LAW CENTER
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

370 MINORCA AVE.
SUITE 21, THE LAW CENTER
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1084340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAUTIER, WILLIAM
370 MINORCA AVE
#21
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HASTY, MARIAN L
Address: 370 MINORCA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: GAUTIER, JOHN W
Address: 370 MINORCA AVE.
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: GAUTIER, WILLIAM L JR.
Address: 370 MINORCA AVE.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM L GAUTIER, JR MGRM 03/28/2008

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