


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/30/2007-90056-014-\$50.00-\$50.00

DOCUMENT # L01000014703

1. Entry Name
HIALEAH GARDENS RE, L.L.C.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 15 PM 12:37

Principal Place of Business
803 N CALHOUN ST
TALLAHASSEE, FL 32303

Mailing Address
803 N CALHOUN ST
TALLAHASSEE, FL 32303



2. Principal Place of Business - No P.O. Box #
545 Wahoo Road
Suite, Apt. #, etc.

3. Mailing Address
PO Box 27790
Suite, Apt. #, etc.

02252007 Chg-LLC CR2E083 (12/06)

City & State
Panama City, FL

City & State
Panama City, FL

4. FEI Number
65-1133481

Applied For
 Not Applicable

Zip
32408

Country
USA

Zip
32411

Country
USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MACK, THEODORE E
803 N CALHOUN ST
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACK, THEODORE E 803 N CALHOUN ST TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Paragon Investments, Inc. 545 Wahoo Road Panama City, FL 32408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINSON, JERRY W 803 N CALHOUN ST TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JANSENIOUS, ANNETTE B 803 N CALHOUN ST TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKCOURT, L.L.C. 803 N CALHOUN ST TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Kenneth P. Gummels, President of Manager

SIGNATURE: *Kenneth P. Gummels* 4/16/2007 850-233-8800

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