

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020011

FILED
Feb 23, 2009
Secretary of State

Entity Name: HAZEN CONSTRUCTION, L.L.C.

Current Principal Place of Business:

2417 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128

New Principal Place of Business:

1599 TIONIA ROAD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2417 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128

New Mailing Address:

1599 TIONIA ROAD
NEW SMYRNA BEACH, FL 32168

FEI Number: 01-0569979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAZEN, MARC
2417 TOMOKA FARMS ROAD
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

HAZEN, MARC
1599 TIONIA ROAD
NEW SMYRNA BEACH, FL 32168 US

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: MARC HAZEN

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAZEN, CHAD
Address: 2417 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: HAZEN, MARC
Address: 2417 TOMOKA FARMS ROAD
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAZEN, CHAD
Address: 1599 TIONIA ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM (X) Change () Addition
Name: HAZEN, MARC
Address: 1599 TIONIA ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: MARC HAZEN

MGRM

02/23/2009

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