2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L02000004606

Entity Name: HAILE VILLAGE CENTER, LLC

Current Principal Place of Business:

5201 SW 91ST DRIVE, SUITE A
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5201 SW 91ST DRIVE, SUITE A
GAINESVILLE, FL 32608

New Mailing Address:

5800 NW 39TH AVENUE SUITE 104
GAINESVILLE, FL 32606

FEI Number: 03-0410081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRAMER, ROBERT B
5201 SW 91ST DR., STE. A
GAINESVILLE, FL 32608 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: KRAMER, ROBERT B
Address: 5201 SW 91ST DRIVE SUITE A
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT B KRAMER MGRM 04/20/2004

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