


**2007 LIMITED LIABILITY COMPANY *
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # L02000023735 1. Entity Name HIATUS OFFICE, LLC |  |
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|--|--|
| Principal Place of Business 5900 HIATUS RD TAMARAC, FL 33321 | Mailing Address 5900 HIATUS RD TAMARAC, FL 33321 |
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 11-3665034 | Applied For Not Applicable |
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| 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 KEYES, CAREY A 5900 HIATUS RD TAMARAC, FL 33321 |
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEYES, CAREY 5900 HIATUS ROAD FORT LAUDERDALE, FL 33321 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KEYES, KENNETH 5900 HIATUS ROAD FORT LAUDERDALE, FL 33321 |
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04/11/07-80048-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **4-2-07 (954) 724-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #