

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90257 013 ****50.00

DOCUMENT # L03000002917 1. Entity Name HAAS PROPERTIES LLC																													
Principal Place of Business C/O BROAD AND CASSEL ONE NORTH CLEMATIS ST., STE. 500 WEST PALM BEACH FL 33401			Mailing Address C/O BROAD AND CASSEL ONE NORTH CLEMATIS ST., STE. 500 WEST PALM BEACH FL 33401																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 600 Krystal Bldg. Suite, Apt. #, etc.																											
City & State		City & State Chattanooga, TN		4. FEI Number 74-0731010																									
Zip 37402		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent PATRICIA LEBOW, P.A. BROAD AND CASSEL ONE NORTH CLEMATIS ST., STE. 500 WEST PALM BEACH FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MANAGER Andrew G. Cope 600 Krystal Bldg. Chattanooga, TN 37402 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER Andrew G. Cope 600 Krystal Bldg. Chattanooga, TN 37402 <input type="checkbox"/> Delete											10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *				3-11-04 423 754 1202																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #																									