2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000002917

1. Entity Name HAAS PROPERTIES LLC

ONE NORTH CLEMATIS ST., STE. 500 WEST PALM BEACH, FL 33401

FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

C/O BROAD AND CASSEL

Mailing Address

600 KRYSTAL BLDG. CHATTANOOGA, TN 37402



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 76-0731010 Applied For Not Applicable

5. Certificate of Status Desired

\$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

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of chathe obligations of registered agent. 	nging its registered office or registered agent, or both	th, in the State of Florida. I am familiar with, and accep
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		000000815984 02/14/08-80075-007_138.75

L	4 Tables to be about the table than 1 1 1 three to be a second to the se	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	COPE, ANDREW G	. **
STREET ADDRESS	600 KRYSTAL BLDG.	
CITY-ST-ZIP	CHATTANOOGA, TN 37402	
TITLE		
NAME		
STREET ADDRESS		, ,
CITY-ST-ZIP		
ITTLE		·
NAME		,
STREET ADDRESS		DO NOT WRITE
CITY-S1-2IP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		·
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		•
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11 I berebu	codify that the information consiling with this filling does not available.	

I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-50-08

Daytene Phone #