

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016454

FILED
Mar 25, 2009
Secretary of State

Entity Name: HAINES CITY PARTNERS, LLC

Current Principal Place of Business:

35399 HWY 27
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

35399 HWY 27
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 11-3691276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHER, WILLIAM F
2900 JIM REDMAN PKWY
PLANT CITY, FL 33566 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/MANAGERS:

Title: MGR () Delete
Name: MATHER, WILLIAM F PRES
Address: 16212 VILLARREAL DE AVILA
City-St-Zip: TAMPA, FL 33613 US

Title: MGR () Delete
Name: LOTT, RICK A SEC/TRE
Address: 3200 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566 US

Title: AS () Delete
Name: IBOU, KRISTIN D ASST SE
Address: 2825 ROLLING ACRES PL
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM F. MATHER

PRES

03/25/2009

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