

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000016454

FILED
Oct 21, 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 USTitle: MGR () Delete
Name: LOTT, RICK A SEC/TRE
Address: 3200 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566 USTitle: 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: AS (X) Change () Addition
Name: MATHER, KRISTIN D ASST SE
Address: 4962 POND RIDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

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

MGR

10/21/2009

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