


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017237 1. Entity Name HAYES BROTHERS FUNERAL HOME - ALTAMONTE SPRINGS, LLC	
---	---

Principal Place of Business 2609 WELLS AVENUE FERN PARK, FL 32730	Mailing Address 28 WEST WOODWARD AVENUE EUSTIS, FL 32726
---	--

DO NOT WRITE IN THIS SPACE



03252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0781759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HAYES, DONALD E SR. 28 WEST WOODWARD AVENUE EUSTIS, FL 32726	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYES, DONALD E SR. 28 WEST WOODWARD AVENUE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYES, TOMMY L 28 WEST WOODWARD AVENUE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000315210
04/19/05-80022-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	4/15/2005 352-589-4666 <small>Date Daytime Phone #</small>
--	---