



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000018838 1. Entity Name ABOUSHAAH AND HARDIN PROPERTIES, LLC	
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Principal Place of Business 1555 KINGSLEY AVENUE, SUITE 601 ORANGE PARK, FL 32073	Mailing Address 1555 KINGSLEY AVENUE, SUITE 601 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 57-1175437	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDDARD, IRENE
 1555 KINGSLEY AVENUE, SUITE 601
 ORANGE PARK, FL 32073

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when recasting)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ABOUSHAAH, HASSAN M 1555 KINGSLEY AVENUE, SUITE 601 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARDIN, THOMAS M 1555 KINGSLEY AVENUE, SUITE 601 ORANGE PARK, FL 32073
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 01/16/08-80062-021 143.75

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11. I hereby certify that the information supplied with this filing 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: *Michael Hardin* January 07 2008 904 214-0264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day mo Phone #