## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000032439

1. Entity Name
HAGAN INVESTMENTS, LLC



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

3050 US 1 SOUTH SAINT AUGUSTINE, FL 32086 Mailing Address

3050 US 1 SOUTH

SAINT AUGUSTINE, FL 32086



02222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1682189 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGAN, DONALD W 1022 BLANDING BLVD. ORANGE PARK, FL 32065		DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of changing its register tions of registered agent.	ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registrated eigent and title if applicable (NOTE, Registrated Agent signature required when reinstating)  DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
INLE	MGRM		
NAME STREET ADDRESS	HAGAN, DONALD W 1022 BLANDING BLVD.		
CITY-ST-ZIP	ORANGE PARK, FL 32065	U00000459368	
TITLE	MGR	03/18/06-80030-012 50.00	
NAME	HAMRICK, STEWART L -		
STREET ADDRESS	1022 BLANDING BLVD.		
CITY-ST-ZIP	ORANGE PARK, FL 32065		
TITLE			
NAME			
STREET ADDRESS			

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

HILE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 it 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.
	and the state of t

SIGNATURE:

CITY-ST-ZIP

NAME
STRECT ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O

OR AUTHORIZED REPRESENTATIVE

2/2/00

Daytime Phone #