

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-26-2004 90055 011 ***150.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/26

DOCUMENT # L03000033781																																										
1. Entity Name HAMAK PROPERTIES, LLC																																										
Principal Place of Business 5145 CITY ST. ORLANDO, FL 32839		Mailing Address 5145 CITY ST. ORLANDO, FL 32839																																								
2. Principal Place of Business 1090 Don Mills Rd. Suite, Apt. #, etc. Suite 600 City & State Don Mills, Ontario Zip M3C 3R6 Country Canada		3. Mailing Address 1090 Don Mills Rd Suite, Apt. #, etc. Suite 600 City & State Don Mills, Ontario Zip M3C 3R6 Country Canada																																								
		04122004 Chg-LLC CR2E083 (10/03)																																								
4. FEI Number 98-0199021		Applied For ☐ Not Applicable																																								
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																										
6. Name and Address of Current Registered Agent SLATER, JOEL K 5145 CITY ST. ORLANDO, FL 32839		7. Name and Address of New Registered Agent Jeannie Skelley Street Address (P.O. Box Number is Not Acceptable) 319 North Magnolia Ave City Orlando FL Zip Code 32801																																								
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 Jeannie Skelley DATE 4-23-04 (NOTE: Registered Agent signature required when relinquishing)																																										
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																																								
9. MANAGING MEMBERS/MANAGERS																																										
<table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY - ST - ZIP</th><th>☐ Delete</th></tr></thead><tbody><tr><td>member</td><td>Hamak Inc</td><td>1090 Don Mills Rd. Suite 600</td><td>Don Mills Ont M3C 3R6 Canada</td><td></td></tr><tr><td>managing member</td><td>Hamak Inc</td><td>600-1090 DON MILLS RD</td><td></td><td></td></tr><tr><td></td><td>DON MILLS ONT</td><td></td><td>M3C 3R6 CANADA</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	member	Hamak Inc	1090 Don Mills Rd. Suite 600	Don Mills Ont M3C 3R6 Canada		managing member	Hamak Inc	600-1090 DON MILLS RD				DON MILLS ONT		M3C 3R6 CANADA																					
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10. ADDITIONS/CHANGES																																										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.																																										
SIGNATURE: HENRY MORTON DATE APR 12 2004 416-444-1160 SIGNATURE AND TYPED OR PRINTED NAME OF SPONSOR, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																										