2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040058

Entity Name: HAYMAKER ENTERPRISES, L.L.C.

FILED Jul 09, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6900 SILVERSTAR ROAD 206B ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

P. O. BOX 10866 P. O. BOX 112 ALEXANDRIA, VA 22310 GOTHA, F 34734

FEI Number: 52-2207584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOYLE, PATRICK 800 W. MORSE BOULEVARD, SUITE 1 WINTER PARK, FL 32789 US

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

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: SALARBUX, MOHAMMED Z Name: SALARBUX, MOHAMMED Z

Address: P. O. BOX 10866 Address: P. O. BOX 112
City-St-Zip: ALEXANDRIA, VA 22310 City-St-Zip: GOTHA, FL 34734

Title: V () Delete Title: V (X) Change () Addition

 Name:
 SALARBUX, SHADERA
 Name:
 SALARBUX, SHADERA

 Address:
 P. O. BOX 10866
 Address:
 P. O. BOX 112

 City-St-Zip:
 ALEXANDRIA, VA 22310
 City-St-Zip:
 GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the 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: M.Z. SALARBUX MGR 07/09/2006