


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90211 032 ****50.00

DOCUMENT # L03000051573

1. Entity Name
HAY STRING FARM, LLC



Principal Place of Business 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415 US	Mailing Address 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415 US
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0472617	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

GATTOZZI, KAREN B
1109 SOUTH CONGRESS AVENUE
BLDG. 500
WEST PALM BEACH, FL 33406

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, ROY D 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, JANIS K 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, STEVEN A 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACDONALD, DONNA L 335-53RD DRIVE NORTH WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Janis Griffin JANIS GRIFFIN 4/5/06 561-683-7116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #