2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055941

1. Entity Name
HADLEY HOLDINGS, L.C.

Principal Place of Business	Mailing Address
3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990	3585 B QUAIL MEADOW TRAIL PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

03182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-0724057	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRESER, LOUIS J
3585 B QUAIL MEADOW TRAIL
PALM CITY, FL 34990

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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 _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE 4/10/08

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

U00000897301
04/25/08-80042-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KRESER, LOUIS J
STREET ADDRESS	3585 B QUAIL MEADOW TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGR
NAME	KRESER, PENELOPE S
STREET ADDRESS	3585 B QUAIL MEADOW TRAIL
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   4/10/08

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