## 2006 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Jan 17, 2006 08:00 AM **DOCUMENT # L04000029757 Secretary of State** 1. Entity Name HAILÉY GROUP, LLC Mailing Address Principal Place of Business 2233 N.W. 133RD TERRACE 2233 N.W. 133RD TERRACE GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 01102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1061108 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORRIS, GERALD R DO NOT WRITE 2233 N.W. 133RD TERRACE GAINESVILLE, FL 32606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, INOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MGRM TITLE U00000389110 01/20/06-80032-003 50.00 NAME MORRIS, GERALD R STREET ADDRESS 2233 N.W. 133RD TERRACE CITY-ST-ZIP GAINESVILLE, FL 32606 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 granustee epigowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-Z)P

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE