#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L04000029757

1. Entity Name
HAILEY GROUP, LLC



FILED Apr 21, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

2233 N.W. 133RD TERRACE GAINESVILLE, FL 32606 2233 N.W. 133RD TERRACE GAINESVILLE, FL 32606



04242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-1061108	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRIS, GERALD R 2233 N.W. 133RD TERRACE GAINESVILLE, FL 32606

## DO NOT WRITE 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.	Signature, typed or printed name of registered agent and title if epolegable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	·	H00000913526
9.	MANAGING MEMBERS/MANAGERS		05/08/08-80018-023 138.75
TITLE	MGRM		22 22 22 22 22 22 22 22 22 22 12 22 12 22 12 22 2
NAME	MORRIS, GERALD R	,	
STREET ADDRESS	2233 N.W. 133RD TERRACE		

#### GAINESVILLE, FL 32606 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

# DO NOT WRITE 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 tastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGN.	ATURE:
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-08 352 665 752