

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90027 016 ****50.00

DOCUMENT # L04000037042

1. Entity Name
MAHAFFEY-HARDAWAY MANAGEMENT, LLC



(CRMV)

Principal Place of Business
~~3700 POMPANO DRIVE SE~~
~~ST. PETERSBURG, FL 33705~~
100 - 2nd Ave So #302N
St Petersburg, FL 33701

Mailing Address
~~3700 POMPANO DRIVE SE~~
~~ST. PETERSBURG, FL 33705~~
100 - 2nd Ave So #302N
St Petersburg, FL 33701

DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1129465

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MAHAFFEY, MARK T~~
~~3700 POMPANO DRIVE SE~~ 100 - 2nd Ave So #302N
~~ST. PETERSBURG, FL 33705~~ St Petersburg, FL 33701

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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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAHAFFEY, JAMES W
STREET ADDRESS 731 JAMESTOWN DRIVE
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE MGR
NAME MAHAFFEY, MARK T
STREET ADDRESS ~~3700 POMPANO DRIVE SE~~ 100 - 2nd Ave So #302N
CITY-ST-ZIP ~~ST. PETERSBURG, FL 33705~~ St. Petersburg, FL 33701

TITLE MGR
NAME LAMPTON, MASON H
STREET ADDRESS 945 BROADWAY
CITY-ST-ZIP COLUMBUS, GA 31901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: _____

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

04-10-06

Date

407-677-0650

Daytime Phone #

James W. Mahaffey