

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000037042

1. Entity Name

MAHAFFEY-HARDAWAY MANAGEMENT, LLC



Principal Place of Business

**100 2ND AVE S #302N
SAINT PETERSBURG, FL 33701**

Mailing Address

**100 2ND AVE S #302N
SAINT PETERSBURG, FL 33701**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
100 2ND AVE S #302N
SAINT PETERSBURG, FL 33701**

**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 applicable.

(NOTE: Registered Agent signature required when rotating)

DATE _____

**(Filing Fee is \$50.00)
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MAHAFFEY, JAMES W
STREET ADDRESS	731 JAMESTOWN DRIVE
CITY-STATE-ZIP	WINTER PARK, FL 32792
TITLE	MGR
NAME	MAHAFFEY, MARK T
STREET ADDRESS	100 2ND AVE S #302N
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGR
NAME	LAMPTON, MASON H
STREET ADDRESS	945 BROADWAY
CITY-STATE-ZIP	COLUMBUS, GA 31901
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000751562
05/18/07-80109-001 50.00

**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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James W. Mahaffey
James W. Mahaffey

04-27-07

407-677-0650

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

Date

Daytime Phone #