


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000037700</b> 1. Entity Name <b>SYDNEY HAYES, LLC</b>	
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Principal Place of Business <b>4908 OAK ISLAND ROAD ORLANDO, FL 32809</b>	Mailing Address <b>4908 OAK ISLAND ROAD ORLANDO, FL 32809</b>
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03262008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>51-0481345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MADISON, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

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

U000000872782  
04/10/08-80048-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADISON, PETER D 4908 OAK ISLAND ROAD ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKER, MARCUS P 5511 HANSEL AVENUE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ, ANNA 4908 OAK ISLAND ROAD ORLANDO, FL 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **Peter D. Madison** **3/26/08** **407-908-4548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #