

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037700

Entity Name: SYDNEY HAYES, LLC

FILED
Jun 24, 2009
Secretary of State

Current Principal Place of Business:

4908 OAK ISLAND ROAD
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

4908 OAK ISLAND ROAD
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 51-0481345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MADISON, PETER D
4908 OAK ISLAND ROAD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MADISON, PETER D
Address: 4908 OAK ISLAND ROAD
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: HOOKER, MARCUS P
Address: 5511 HANSEL AVENUE
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: LOPEZ, ANNA
Address: 4908 OAK ISLAND ROAD
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGMR

06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date