

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040246

Entity Name: HAT TRICK, LLC

FILED  
Apr 22, 2007  
Secretary of State

## Current Principal Place of Business:

1540 GULF BLVD., UNIT 1007  
CLEARWATER, FL 33767

## New Principal Place of Business:

202 WINDWARD PASSAGE #401  
CLEARWATER, FL 33767

## Current Mailing Address:

1540 GULF BLVD., UNIT 1007  
CLEARWATER, FL 33767

## New Mailing Address:

202 WINDWARD PASSAGE #401  
CLEARWATER, FL 33767

FEI Number: 20-1216351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, G. THOMAS  
1540 GULF BLVD., UNIT 1007  
CLEARWATER, FL 33767 US

## Name and Address of New Registered Agent:

SMITH, G. THOMAS  
202 WINDWARD PASSAGE #401  
CLEARWATER, FL 33767 US

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: G THOMAS SMITH

04/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SMITH, G. THOMAS MEMBER  
Address: 1540 GULF BLVD., UNIT 1007  
City-St-Zip: CLEARWATER, FL 33767

Title: M ( ) Delete  
Name: SMITH, VIVIAN M MEMBER  
Address: 1540 GULF BLVD #1007  
City-St-Zip: CLEARWATER, FL 337672962

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SMITH, G. THOMAS MEMBER  
Address: 202 WINDWARD PASSAGE #401  
City-St-Zip: CLEARWATER, FL 33767

Title: M (X) Change ( ) Addition  
Name: SMITH, VIVIAN M MEMBER  
Address: 202 WINDWARD PASSAGE #401  
City-St-Zip: CLEARWATER, FL 337672962

I hereby certify that the information supplied with this filing does not qualify for the 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: G. THOMAS SMITH

MR

04/22/2007

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