2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000048915

1. Entity Name
HAINES CITY OFFICE PLAZA, LLC

Principal Place of Business	Mailing Address
116 B POLO PARK E BLVD DAVENPORT, FL 33897	116 B POLO PARK E BLVD DAVENPORT, FL 33897

DO NOT WRITE IN THIS SPACE

01102008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
80-0112716	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KENNY, GARRETT
116 B POLO PARK E BLVD
DAVENPORT, FL 33897

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KENNY, GARRETT
STREET ADDRESS	116 B POLO PARK E BLVD
CITY-ST-ZIP	DAVENPORT, FL 33897
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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02/18/08-80037-011 138.75

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #