

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90179 041 ****50.00

DOCUMENT # L04000059975

1. Entity Name
HAG HOLDINGS, LLC



Principal Place of Business
**1037 5TH AVENUE NORTH
NAPLES, FL 34102 US**

Mailing Address
**1037 5TH AVENUE NORTH
NAPLES, FL 34102 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1495534

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRABINSKI, MATTHEW L ESQ.
4001 TAMiami TRAIL N.
SUITE 300
NAPLES, FL 34103**

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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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILTON, RONALD D 1037 5TH AVENUE NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATKINSON, GEORGE B 1037 5TH AVENUE NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUILFORD, JOHN T 1037 5TH AVENUE NORTH NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____

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

Date

Daytime Phone #

2/13/06

263-4224