


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1495534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

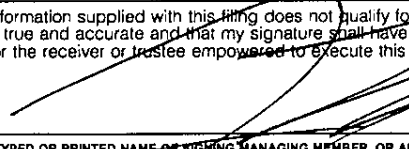
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE 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 GUILIFORD, JOHN T 1037 5TH AVENUE NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000884331
04/17/08-80039-019 138.75

**DO NOT WRITE
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:  **4/2/08** **239-263-4224**

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

John T. Gulliford