2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# L04000059975

Entity Name: HAG HOLDINGS, LLC

Current Principal Place of Business:

1037 5TH AVENUE NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1037 5TH AVENUE NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-1495534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRABINSKI, MATTHEW L ESQ.
4001 TAMIAMI TRAIL N.
SUITE 300
NAPLES, FL 34103 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: MGR ( ) Delete
Name: HILTON, RONALD D
Address: 1037 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGR ( ) Delete
Name: ATKINSON, GEORGE B
Address: 1037 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: MGR ( ) Delete
Name: GUILIFORD, JOHN T
Address: 1037 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: GULLIFORD, JOHN T
Address: 1037 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

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: JOHN T. GULLIFORD MR 03/02/2009

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