

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000092047

1. Entity Name
HAUGHT DESIGNS, LLC



Principal Place of Business
8116 TABBSTONE PLACE
UNIVERSITY PARK, FL 34201

Mailing Address
8116 TABBSTONE PLACE
UNIVERSITY PARK, FL 34201



04132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3713529

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAUGHT, COLLIN REED III
8116 TABBSTONE PLACE
UNIVERSITY PARK, FL 34201

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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**

U000000518451
05/02/06-80054-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HAUGHT, COLLIN REED III
STREET ADDRESS	8116 TABBSTONE PLACE
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	MGRM
NAME	HAUGHT, LORA CASHI III
STREET ADDRESS	8116 TABBSTONE PLACE
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

X 4/15/06 941 358 1741
Date Daytime Phone #