## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jan 25, 2007 8:00 am DOCUMENT # L04000092611 Secretary of State 1. Entity Name W. HAY LLC 01-25-2007 90087 050 \*\*\*150.00 Principal Place of Business Mailing Address 1530 CONERSTONE BLVD., STE. 100 P.O. BOX 10809 6104004 DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32120-0809 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name APGAR, ROBERT P 1530 CONERSTONE BLVD., STE. 100 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32117 City Zip Code 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE \_\_ Change ☐ Addition W. HAY INC. NAME NAME STREET ADDRESS P.O. BOX 10809 STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 321200809 CITY-ST-ZIP ☐ Delete TITLE \_\_\_ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE \_\_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP

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

gene**g**al partner

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

YPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

386-274-2202

Daytime Phone #