2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 01, 2006 8:00 am
Secretary of State
04-12-2006 90019 008 ****50.00

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000002960

1. Entity Name

JIM HATTALA REALTY & FINANCIAL SERVICES., LLC

Principal Place of Business	Mailing Address
WITHOUT PREJUDICE 23 OAKLAND POINTE C OAKLAND FL 34760 US	WITHOUT PREJUDICE 23 OAKLAND POINTE C C/O PMB 1008 OAKLAND FL 34760 US

2. Principal Place of Business		3. Mailing Address	
341 Largo Vista Drive		341 Largovista Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Oakland, FL 34787-8983		City & State: Oakland, Florida	
Zip: 34787-8983	Country: USA	Zip: 34787-8983	Country: USA

4. FEI Number: 20-2149024 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HATTALA, JAMES J
WITHOUT PREJUDICE 23 OAKLAND POINTE CIRCLE
C/O PMB 1008
OAKLAND FL 34760

7. Name and Address of New Registered Agent

Name: James J. Hattala
Street Address (P.O. Box Number is Not Acceptable): 341 Largo Vista Drive
City: Oakland FL Zip Code: 34787-8983

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: Without Prejudice James J. Hattala 4-3-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR.	☐ Delete	TITLE		☑ Change Address ☐ Addition
NAME	HATTALA, JAMES J		NAME	James J. Hattala	
STREET ADDRESS	WITHOUT PREJUDICE 23 OAKLAND POINTE CIRCLE		STREET ADDRESS	341 Largovista Drive	
CITY-ST-ZIP	OAKLAND FL 34760		CITY-ST-ZIP	Oakland, Florida 34787-8983	
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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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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		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Without Prejudice James J. Hattala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #