2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000007041

1. Entity Name
H&A MANAGEMENT, LLC



Principal Place of Business

P.O. BOX 220 PAHOKEE, FL 33476 Mailing Address

P.O. BOX 220 PAHOKEE, FL 33476

FILED Mar 23, 2007 8:00 am Secretary of State

03-23-2007 90169 048 ****50.00

60028153



01052007 No Chg-LLC

CR2E083 (11/05)

FEI Number	
43-2075685	

Applied For Not Applicable

Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

NOWICKI, MARK J 480 MAPLEWOOD DRIVE, SUITE 2 JUPITER, FL 33476

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)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HATTON, ROGER C
STREET ADDRESS	2727 BACOM POINT ROAD
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	MGRM
NAME	ALLEN, PAUL
STREET ADDRESS	33 NE AVENUE I
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	1
CITY-ST-ZIP	
TITLE	
NAMÉ	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the

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 the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME CHANGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/07

561-924-2455

Daytime Phone #