


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90059 030 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000042945	
<b>1. Entity Name</b> HAYDN JAMES, LLC	

<b>Principal Place of Business</b> 210 CREEK ROAD POLK CITY, FL 33868	<b>Mailing Address</b> 210 CREEK ROAD POLK CITY, FL 33868
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<b>2. Principal Place of Business - No P.O. Box #</b> 218 E. PARK ST Suite, Apt. #, etc.	<b>3. Mailing Address</b> 210 CREEK RD Suite, Apt. #, etc.
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<b>City &amp; State</b> AUBURNDALE, FL <b>Zip</b> 33823 <b>Country</b> USA	<b>City &amp; State</b> LAKE ALFRED, FL <b>Zip</b> 33850 <b>Country</b> USA
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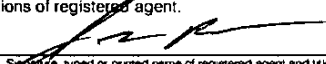


01062007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-2774039	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> PATTERSON, JAMES 210 CREEK ROAD POLK CITY, FL 33868	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> JAMES PATTERSON <b>Street Address (P.O. Box Number is Not Acceptable)</b> 210 CREEK RD <b>City</b> LAKE ALFRED <b>FL</b> <b>Zip Code</b> 33850
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**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**  **JAMES PATTERSON OWNER** **02/6/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, JAMES 210 CREEK ROAD POLK CITY, FL 33868 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAKE ALFRED, FL 33850
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **1/6/07** **863 967 2462**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #