2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 04, 2007 8:00 am Secretary of State **DOCUMENT # L05000048008** 05-04-2007 90312 048 ****50.00 1. Entity Name HATTAK, L.L.C. Principal Place of Business Mailing Address 23/7G -426 BELLE POINT DRIVE 60048703 5090 GULF BLVD. ST. PETE BEACH, FL 33706 ST. PETE BEACH, FL 33706 04102007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 86-1142290 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DUGAN, PATRICK K DO NOT WRITE **4227 GULF BOULEVARD** ST. PETE BEACH, FL 33706 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 Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HATZILIAS, IOANNIS NAME 426 BELLE POINT DRIVE BILL STREET ADDRESS CITY-ST-ZIP ST. PETE BEACH, FL 33706 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME 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 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date

Daytime Phone #

FILED