

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050633

Entity Name: HAI FAI, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1604 DIVISION ST
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1604 DIVISION ST
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-2894203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BARAKAT, HAISSAM
1604 DIVISION ST
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARAKAT, HAISSAM
Address: 1604 DIVISION ST
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Delete
Name: EL-HAJJAR, DANY
Address: 8338 COPPERWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: CHALHOUB, FADI
Address: 1989 GLENFIELD CROSSING CT.
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAISSAM BARAKAT

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date