

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054002

Entity Name: HADAMIK REALTY, L.L.C.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

26 LADYFISH STREET
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

1415-A SADLER ROAD
FERNANDINA BEACH, FL 32034

Current Mailing Address:

26 LADYFISH STREET
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

1415-A SADLER ROAD
FERNANDINA BEACH, FL 32034

FEI Number: 20-4684526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, DENISE R CPA
2892 S 8TH ST
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: HAGEL, DAVID LAWRENCE
Address: 26 LADYFISH STREET
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: HAGEL, MICHAEL J
Address: 26 LADYFISH ST
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAGEL, DAVID L
Address: 1415-A SADLER ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM (X) Change () Addition
Name: HAGEL, MICHAEL J
Address: 1415-A SADLER ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

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: MICHAEL J. HAGEL

MGRM

04/13/2007

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