

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064964

Entity Name: HAKAKAL MARKETING, LLC

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

620 BAY LAKE TRAIL
OLDSMAR, FL 34677

New Principal Place of Business:

6549 FREEPORT DRIVE
SPRING HILL, FL 34608

Current Mailing Address:

620 BAY LAKE TRAIL
OLDSMAR, FL 34677

New Mailing Address:

6549 FREEPORT DRIVE
SPRING HILL, FL 34608

FEI Number: 20-3497987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAKAKAL, GRAHAM C
620 BAY LAKE TRAIL
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HAKAKAL, GRAHAM C
6549 FREEPORT DRIVE
SPRING HILL, FL 34608 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: GRAHAM HAKAKAL

04/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAKAKAL, LAURA C
Address: 620 BAY LAKE TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM () Delete
Name: HAKAKAL, GRAHAM C
Address: 620 BAY LAKE TRAIL
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAKAKAL, LAURA C
Address: 6549 FREEPORT DRIVE
City-St-Zip: SPRING HILL, FL 34608

Title: MGRM (X) Change () Addition
Name: HAKAKAL, GRAHAM C
Address: 6549 FREEPORT DRIVE
City-St-Zip: SPRING HILL, FL 34608

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: GRAHAM HAKAKAL

MGRM

04/06/2006

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