

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90004 015 ***138.75

DOCUMENT # L05000068040

1. Entity Name
KARAM HADDAD LLC



Principal Place of Business
**6482 SE CLAIRMONT PLACE
HOBE SOUND, FL 33455 US**

Mailing Address
**6482 SE CLAIRMONT PLACE
HOBE SOUND, FL 33455 US**

60039536



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0335342 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HADDAD, KARAM J
6482 SE CLAIRMONT PLACE
HOBE SOUND, FL 33455**

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HADDAD, KARAM J
STREET ADDRESS	6482 SE CLAIRMONT PLACE
CITY-ST-ZIP	HOBE SOUND, FL 33455

TITLE	
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IN THIS SPACE**

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: *Karam Haddad*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/08

Date

772-370-8312

Daytime Phone #