


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90148 047 ****50.00

DOCUMENT # L05000083654					
1. Entity Name HAZELL & FITZAKERLEY, LLC					
Principal Place of Business 2938 SW 27ND CIRCLE SUITE D DELRAY BEACH, FL 33445			Mailing Address 2938 SW 27ND CIRCLE SUITE D DELRAY BEACH, FL 33445		
2. Principal Place of Business - No P.O. Box # 475 NE 1ST ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DELRAY BEACH FL		City & State			
Zip 33483 Country U.S.A		Zip Country		4. FEI Number APPLIED FOR 204147985	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FITZAKERLEY, GLYN 2938 SW 27ND CIRCLE SUITE D DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
475 NE 1ST ST			475 NE 1ST ST		
City DELRAY BEACH FL Zip Code 33483			City DELRAY BEACH FL Zip Code 33483		
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 GLYN FITZAKERLEY				DATE 02/23/2007	
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITZAKERLEY, GLYN 2938 SW 27ND CIRCLE, STE. D DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 NE 1ST ST DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELL, SARAH 2938 SW 27ND CIRCLE, STE. D DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 475 NE 1ST ST DELRAY BEACH, FL 33483	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: GLYN FITZAKERLEY MGRM 02/23/2007 561-276-2435					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					