

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90306 028 ****50.00

DOCUMENT # L05000092316

1. Entity Name
HULSAUM PROPERTIES, L.L.C.



Principal Place of Business

**4030 S. PIPKIN RD
STE. 100
LAKELAND, FL 33811**

Mailing Address

**P.O. BOX 6254
LAKELAND, FL 33807**

20005173



DO NOT WRITE IN THIS SPACE

02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3649007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HULBERT, MARK
6175 RIVERLAKE BLVD.
BARTOW, FL 33830**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SAUM, JEREMY
636 VICTORIA SQUARE LANE
LAKELAND, FL 33813**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HULBERT, MARK
6175 RIVERLAKE BLVD.
BARTOW, FL 33830**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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:

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

2/23/07

Date

863-647-5815

Daytime Phone #