

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



02202008No Chg-LLC

CR2E083 (12/07)

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.

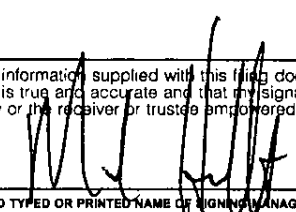
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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:  **2/20/08** **(863)647-5815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #