2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90115 028 ***138.75

Mailing Address System Mailing Address System S	1. Entity Name	MENT # L05000092768 HATMAKER LAND INVESTMENTS, LLC					04-16-2008	90115 028 **	**138	.75
WINTER HAVEN, FL. 33880 WINTER HAVEN, FL. 33880 WINTER HAVEN, FL. 33880 WINTER HAVEN, FL. 33880 Suita, Apt 4 etc. Suita, A	Principal Place	e of Business Mailing Address			-	1				}
Suite, Apt 4, etc. Suite, Apt 4, etc. City 6, State Cit								50	1003	3623
Suite, Apt 4, etc. Suite, Apt 4, etc. City 6, State Cit			:	1				111 40110 14110 31411 3 14 11		
City & State Country Country Country Country Size of Andrease of Current Registered Agent Name Street Address of Status Desired				!						
Country Country St. Certificate of Status Desires St. 90 Additional Fee Required	Suite, Apt. i	#, etc. Suite, Apt. #, etc.				04022008	Chg-LLC	CR2E083 (1	2/06)	
BAXTER, H R 5754 STATE ROAD 542 WEST, SUITE 4 WINTER HAVEN, FL 33880 City FL Zip Code 8. The above hand entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of egistered agent. SIGNATURE Paraux, fined or protoc name of regional agent not the it application. MAR TIEL NOWILL FEE 1S \$138.75 After May 1, 2008 Fee will be \$538.75 B. MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 10. Change Addition 10. ADDITIONS/CHANGES 10. Change Addition 10. ADDITIONS/CHANGES 10. Change Addition 10. Cha	City & State		City & State			1			-	
BAXTER, H R 5754 STATE ROAD 542 WEST, SUITE 4 WINTER HAVEN, FL 38880 City FL Zip Code City FL Zip Co	Zip	Country	Zip	Country		5. Certificate	of Status Desired			
BAXTER, H R 5754 STATE ROAD 542 WEST, SUITE 4 WINTER HAVEN, FL 33880 8. The above hamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent, where registered agent, or both, in the State of Florida. I arm familiar with, and accept the obligations of registered agent. SIGNATURE PILE NOW!!! FEE IS \$138.75 After Many 1, 2008 Fee will be \$538.75 FITTE MARKE Check payable to it. WINTER HAVEN, FL 33880 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES FIFTE ADDRESS OTH 51.2P TITLE NAME BAXTER, H R STREET ADDRESS OTH 51.2P TITLE NAME STREET ADDRES		6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent	t_	
Street Address (P. 0. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City C				Name						
E. The above hamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamilliar with, and accept the obligations of registered agent. SIGNATURE Prill NOWILL FEE 13 \$138.75 After May 1, 2008 Fee will be \$538.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS / MANAGERS TITLE NAME BAXTER, H R STAG ARS \$2 WEST SUITE #4 WINTER HAVEN, FL 33880 Delete TITLE NAME SIRET ADDRESS CITY-51-2IP TITLE NAME SIRET A	5754 STAT	TATE ROAD 542 WEST, SUITE 4		Street	Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	******	1								
SIGNATURE NOW!!! FEE IS \$138.75 NAME check payable to take the first applicable app				City		<u> </u>		FL Z	ip Code)
PORTURE Propose for printer name of any lateral appril and the ill applicable. (NOTE) Replaced Agent signature recursor when retreating) Porture, typic for printer name of registered agent and the ill applicable. (NOTE) Replaced Agent signature recursor when retreating) Make Check, payable to it is included Department of State of Printer and Printer			or the purpose of changing its	registered office	or registe	red agent, or bot	h, in the State of Fi	orida. I am famili	ar with,	and accept
FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE NAME STREET ADDRESS CITY-ST-2/P TITLE NAME STREET	SIGNATURE .	Signature, typed or printed name of registered adent	and title if applicable. (NOT	F: Registered Agent sign	ature require	d when rainstating)		DATE		
MGR BAXTER, H R STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C		NOW!!! FEE IS \$138.75					Ma Sept Florid	ke check payab	ole to	
NAME SIRRET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STR	9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP TITLE NAME	TITLE		☐ Delete	TITLE :					Change	Addition
CITY-ST-ZIP WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S		· · · · · · · · · · · · · · · · · · ·								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST					'					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		VIII - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	□ Dolete		1		 _		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ Descre	1				L-1	Origingo	L) Addition
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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	s					
NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP						
STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	4	ł			□.	Change -	Addition
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS		·								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS					,					•
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS			□ Delete		+				Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OPERATOR OF STREET ADDRESS CITY-ST-ZIP TITLE OPERATOR OF STREET ADDRESS									***************************************	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Addition NAME Addition NAME Addition NAME STREET ADDRESS	STREET ADDRESS			STREET ADDRESS	3					1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	4					<u> </u>
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			☐ Delete						Change	☐ Addition
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS										ì
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS					° [1
NAME STREET ADDRESS STREET ADDRESS					+-				Channe	Addition
STREET ADDRESS STREET ADDRESS		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LI Delete						- millo	
CITY-ST-ZIP CITY-ST-ZIP		****			s					1
	CITY-ST-ZIP			CITY-ST-ZIP	1					•

11. I hereby bertify 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.