

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010733

Entity Name: HAYS CHOCOLATIER, L.L.C.

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 351424  
JACKSONVILLE, FL 32235

## New Principal Place of Business:

4413 TOWN CENTER PARKWAY  
SUITE 219  
JACKSONVILLE, FL 32246

## Current Mailing Address:

P.O. BOX 351424  
JACKSONVILLE, FL 32235

## New Mailing Address:

4413 TOWN CENTER PARKWAY,  
SUITE 219  
JACKSONVILLE, FL 32246

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYS, JUDY K  
11869 HIDDEN HILLS DRIVE  
JACKSONVILLE, FL 32225 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HAYS, JUDY KATHRYN  
Address: 11869 HIDDEN HILLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete  
Name: HAYS, MICHAEL EUGENE  
Address: 11869 HIDDEN HILLS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL EUGENE HAYS

MGRM

04/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date