


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90181 023 ****50.00

DOCUMENT # L06000011326		
1. Entity Name HULSAUM PROPERTIES II, L.L.C.		

Principal Place of Business 636 VICTORIA SQUARE LANE LAKELAND, FL 33813	Mailing Address 636 VICTORIA SQUARE LANE LAKELAND, FL 33813
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60035478



2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 6476	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKELAND, FL	
Zip	Country	Zip 33807	Country US.

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4253175	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAUM, JEREMY 636 VICTORIA SQUARE LANE LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

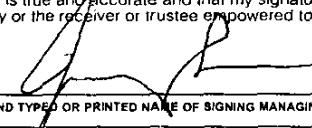
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 HULBERT, MARK POST OFFICE BOX 6476 LAKELAND, FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUM, JEREMY POST OFFICE BOX 6476 LAKELAND, FL 33807 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JEREMY SAUM** **4/10/07** **(863) 581-6096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #