


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000050565		
1. Entity Name HAAM, LLC		
Principal Place of Business 2829 NORTHAMPTON AVENUE ORLANDO, FL 32828 US	Mailing Address 2829 NORTHAMPTON AVENUE ORLANDO, FL 32828 US	
DO NOT WRITE IN THIS SPACE		



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4927462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, ANIL 2829 NORTHAMPTON AVENUE ORLANDO, FL 32828	DO NOT WRITE IN THIS SPACE
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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: *Ad Pate* **3-4-08**
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	MGRM PATEL, ANIL 2829 NORTHAMPTON AVENUE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DUBER, DOUGLAS 114 WILLOW DRIVE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, ANIL C 351 PRAIRE LAKE DRIVE ALTAMONTE SPRINGS, FL 32896
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, JYOTI 351 PRAIRE LAKE DRIVE ALTAMONTE SPRINGS, FL 32896
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, MOHAN 1260 E. SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, SHARDABEN 1260 E. SILVER SPRINGS BLVD. OCALA, FL 34470

U00000850293
03/21/08-80057-022 138.75

**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: *Ad Pate* **3-4-08** **321-945-7056**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #