2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# L06000050565

Entity Name: HAAM, LLC

Current Principal Place of Business:

2829 NORTHAMPTON AVENUE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

2829 NORTHAMPTON AVENUE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 20-4927462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, ANIL
2829 NORTHAMPTON AVENUE
ORLANDO, FL 32828 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: PATEL, ANIL
Address: 2829 NORTHAMPTON AVENUE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGR ( ) Delete
Name: DUBER, DOUGLAS
Address: 114 WILLOW DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR ( ) Delete
Name: PATEL, ANIL C
Address: 351 PRAIRE LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32896 US

Title: MGR ( ) Delete
Name: PATEL, JYOTI
Address: 351 PRAIRE LAKE DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32896 US

Title: MGR ( ) Delete
Name: PATEL, MOHAN
Address: 1260 E. SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470 US

Title: MGR ( ) Delete
Name: PATEL, SHARDABEN
Address: 1260 E. SILVER SPRINGS BLVD.
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES:

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

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

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

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

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 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: PATEL ANIL MGRM 06/30/2009

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