

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051864

FILED  
Jul 02, 2007  
Secretary of State

Entity Name: HEAR AGAIN PARTNERS, LLC

**Current Principal Place of Business:**

818 W UNIVERSITY AVE SUITE 213  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

818 W UNIVERSITY AVE  
SUITE 213  
GAINESVILLE, FL 32601

**Current Mailing Address:**

818 W UNIVERSITY AVE SUITE 213  
GAINESVILLE, FL 32601

**New Mailing Address:**

818 W UNIVERSITY AVE  
SUITE 213  
GAINESVILLE, FL 32601

FEI Number: 20-4907836      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:**

**Name and Address of New Registered Agent:**

BOONE, SAM W JR  
605 NE 1ST STREET SUITE E  
GAINESVILLE, FL 32601      US

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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: SCHAEER, ANDREW B  
Address: 818 W UNIVERSITY AVE SUITE 213  
City-St-Zip: GAINESVILLE, FL 32601

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: ANDREW B. SCHAEER

MGR

07/02/2007

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