

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062950

Entity Name: HAAG CONSULTING, L.L.C.

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

1212 DEWITT STREET
PANAMA CITY, FL 324014041

New Principal Place of Business:

201 HARRISON AVE.
PANAMA CITY, FL 32401 US

Current Mailing Address:

1212 DEWITT STREET
PANAMA CITY, FL 324014041

New Mailing Address:

201 HARRISON AVE.
PANAMA CITY, FL 32401 US

FEI Number: 20-5170978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAAG, BARBARA L
1212 DEWITT STREET
PANAMA CITY, FL 324014041 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: HAAG, BARBARA L
Address: 1212 DEWITT STREET
City-St-Zip: PANAMA CITY, FL 324014041

Title: MGRM () Delete
Name: HAAG, JAMES M
Address: 1212 DEWITT STREET
City-St-Zip: PANAMA CITY, FL 324014041

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAAG, BARBARA L
Address: 1212 DEWITT STREET
City-St-Zip: PANAMA CITY, FL 324014041 US

Title: MGRM (X) Change () Addition
Name: HAAG, JAMES M
Address: 1212 DEWITT STREET
City-St-Zip: PANAMA CITY, FL 324014041 US

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: BARBARA L. HAAG

MGRM

01/17/2007

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