2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED **DOCUMENT # L06000073411** 1. Entity Name 2007 APR 25 AM 10: 54 HURLEY BROTHERS MANAGEMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2627 SOUTH JENKINS ROAD 2627 SOUTH JENKINS ROAD FORT PIERCE, FL 34981 FORT PIERCE, FL 34981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HURLEY, THOMAS AUGUST, JERALD D ESQ Street Address (BO Box Number is Not Acceptable ROAD 222 LAKEVIEW AVENUE, STE 700 WEST PALM BEACH, FL 33401 City <sup>Zi</sup>34981 FORT PIERCE 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 CEO Mumo SIGNATURE NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITION\$/CHANGES 9. 10. MGRM ☐ Delete TITLE □ Change Addition TITLE HURLEY, THOMAS NAME NAME 2627 SOUTH JENKINS ROAD STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34981 CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM Delete TITLE ☐ Change Addition HURLEY, R SCOTT NAME NAME STREET ADDRESS 2627 SOUTH JENKINS ROAD STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34981 CITY-ST-ZIP MGRM ☐ Change ☐ Addition ☐ Delete TITLE TITLE HURLEY, RICHARD NAME NAME 2627 SOUTH JENKINS ROAD STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34981 CITY-ST-ZIP CITY-S1-ZIP MGRM XX Addition ☐ Change TITLE ☐ Delete TITLE SCHAIBLE, VALENTINE NAME NAME 2627 S. JENKINS ROAD STREET ADDRESS STREET ADDRESS FORT PIERCE, FL 34981 CITY-ST-ZIP DITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. 772-595-3100 Thomas Hurley SIGNATURE: (MIL MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Davtime Phone #