




2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90193 040 ****50.00

DOCUMENT # L06000080095					
1. Entity Name HAYDEN INVESTMENTS OF CENTRAL FLORIDA LLC					
Principal Place of Business 1301 NE 34TH AVENUE OCALA, FL 34470 US			Mailing Address 1301 NE 34TH AVENUE OCALA, FL 34470 US		
2. Principal Place of Business - No P.O. Box # 2645 SW COLLEGE ROAD Suite, Apt. #, etc.		3. Mailing Address 2645 SW COLLEGE ROAD Suite, Apt. #, etc.			
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA		4. FEI Number 20-5373588	
Zip 34474		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BULMAN, SUSAN 1301 NE 34TH AVENUE OCALA, FL 34470				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BULMAN, SUSAN 1301 NE 34TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		02/15/07		(352)-286-6282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	