


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L06000080095 1. Entity Name HAYDEN INVESTMENTS OF CENTRAL FLORIDA LLC |  |
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| | |
|---|---|
| Principal Place of Business 2645 SW COLLEGE RD OCALA, FL 34474 US | Mailing Address 2645 SW COLLEGE RD OCALA, FL 34474 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02122008 No Chg-LLC

CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 20-5373588 | Applied For <input type="checkbox"/> Not Applicable |
| 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

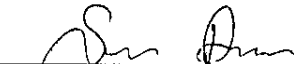
**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BULMAN, SUSAN 1301 NE 34TH AVENUE OCALA, FL 34470 |
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05/13/08-80040-025 138.75

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:  **04/25/08** **(352) 286-6282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #