### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L06000092206**

1. Entity Name
HARTSFIELD WAY LLC



Principal Place of Business

1334 RACHEL LANE C/O CURT REILLY TALLAHASSEE, FL 32308 Mailing Address

1334 RACHEL LANE C/O CURT REILLY TALLAHASSEE, FL 32308

# FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90023 001 \*\*\*138.75

60036950



### DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC

CR2E083 (12/07)

 FEI Number 20-5598758 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REILLY, CURT 1334 RACHEL LANE TALLAHASSEE, FL 32308

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating)  DATE   |                           |                |      |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |                           |                |      |
| 9.  | MANAGING MEMBERS/MANAGERS |                |      |
| TITLE   | MGR                       |                |      |
| NAME  | REILLY, CURT              |                |      |
| STREET ADDRESS  | 1334 RACHEL LANE          |                |      |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32308     |                |      |
| шп  | MGR ,                     |                |      |
| NAME  | WHITSON, JEFFREY          |                |      |
| STREET ADDRESS  | 215 S MONROE #601         |                |      |
| CITY-ST-ZIP   | TALLAHASSEE, FL 32301     |                |      |
| TITLE   |                           |                |      |
| NAME  |                           |                |      |
| STREET ADDRESS  |                           | DO NOT WE      | NTC. |
| CITY-ST-ZI₽   | ·                         | DO NOT WE      | (IIE |
| TITLE   |                           | IN THIS SPA    | VCE  |
| NAME  |                           | 114 1 1113 3FA | 1CE  |
| STREET ADDRESS  |                           |                |      |
| CITY-ST-ZIP   |                           |                |      |
| TITLE   |                           |                |      |
| NAME  |                           |                |      |

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: Curt Reilly

April 25,2008

850 559 4277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #