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Feb 06, 2008 8:00 am
Secretary of State
01-09-2008 90021 040 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101046

1. Entity Name
HAPI INEVESTORS, LLC

30000305

Principal Place of Business	Mailing Address
330 SO PINEAPPLE AVE. #106 SARASOTA, FL 34236	330 SO PINEAPPLE AVE. #106 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

01032008 No Chg - LLC CR2E083 (12/07)

4. FEI Number
20-5722804
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, MICHAEL W
330 SO PINEAPPLE AVE.
#106
SARASOTA, FL 34236

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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: _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HAWKINS, MICHAEL W
STREET ADDRESS	330 SO PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	MGRM
NAME	PIPER, ROBERT H JR.
STREET ADDRESS	330 SO PINEAPPLE AVE.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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