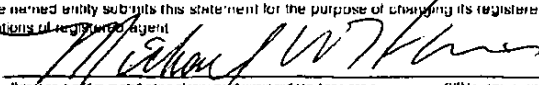
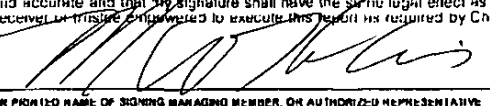


FILED
Feb 06, 2008 8:00 am
Secretary of State

01-09-2008 90021 040 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000101046		
1. Entity Name HAPI INESTORS, LLC		
Principal Place of Business 330 SO PINEAPPLE AVE. #106 SARASOTA, FL 34236	Mailing Address 330 SO PINEAPPLE AVE. #106 SARASOTA, FL 34236	
DO NOT WRITE IN THIS SPACE		
		01032008 No Chg-LLC CR2E083 (12/07)
4. FET 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		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 (add date) (NOTE: Registered Agent's signature required when re-registering) JAT:		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
11.: NAME: STATE: FL CITY: SARASOTA	MGRM HAWKINS, MICHAEL W 330 SO PINEAPPLE AVE. SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
11.: NAME: STATE: FL CITY: SARASOTA	MGRM PIPER, ROBERT H JR. 330 SO PINEAPPLE AVE. SARASOTA, FL 34236	
11.: NAME: STATE: FL CITY: SARASOTA		
11.: NAME: STATE: FL CITY: SARASOTA		
11.: NAME: STATE: FL CITY: SARASOTA		
11.: NAME: STATE: FL CITY: SARASOTA		
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 JAT: Day To Move		

30000305

