FILED
May 23, 2008 8:00 am
Secretary of State

04-30-2008 90025 040 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000003929

1. Entity Name
HAD, LLC

30007423

Principal Place of Business	Mailing Address
1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON, FL 33487	1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON, FL 33487

03252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5301 N. Federal Hwy	5301 N. Federal Hwy
Suite, Apt. #, etc. # 380	Suite, Apt. #, etc. # 380
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33487 Country	Zip 33487 Country

4. FEI Number 26-0359743 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACK, MICHAEL M ESQ. 100 WALLACE AVENUE, SUITE 333 SARASOTA, FL 34237	Name HOWARD BLOOM Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Hwy # 380 City Boca Raton FL Zip Code 33487

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: H. Blm 3/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, HOWARD 1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Howard Bloom 5301 N. Federal Hwy # 380 Boca Raton FL 33487	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, DIANE 1801 CLINT MOORE ROAD, SUITE 217 BOCA RATON, FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Diane Bloom 5301 N. Federal Hwy # 380 Boca Raton FL 33487	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: D. Blm 3/25/08 (561) 674-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #