## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**



FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # L07000014922  1. Entity Name HACKER INVESTMENT LLC						03-10-2008 90332 032 ***138.75				
Principal Place of Business 10519 BOCA WOODS LANE BOCA RATON, FL 33428			Mailing Address 10519 BOCA WOODS LANE BOCA RATON, FL 33428		- • .	~ T A A T A				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042008	Chg-LLC	CR2E0	83 (12/06)	
City & State			City & State		4. FEI Number				plied For t Applicable	
Zip	Zip Country		Zip	Coun	try	5. Certificate o	f Status Desired		\$5.00 Add Fee Require	
	6. Name	and Address of Curren	t Registered Agent			7. Name and A	Address of New R	egistered A	Agent	
LIPPMAN, STEVEN N 401 EAST LAS OLAS BLVD. SUITE 1650					Name Street Address (P.O. Box Number is Not Acceptable)					
FT. LAUDI		FL 33301			City				Zip Code	<u> </u>
					City			FL	Zip Cou	
	tions of regist		for the purpose of changing its	s registere	ed office or register	red agent, or both	i, in the State of Flo	orida. Tami	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if applicable. (NO	E: Registere	d Agent signature required	t 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					
			75							
		Fee will be \$538.7		10.				Departm	ent of State	3
After May	y 1, 2008 MGRM	Fee will be \$538.7		10.			Fłorida	Departm	ent of State	Addition
9. TITLE NAME	MSRM HACKER	MANAGING MEMB , ALBERT	BERS/MANAGERS	TITLE	E		Fłorida	Departm	ent of State	
9. TITLE NAME STREET ADDRESS	MGRM HACKER 10519 BC	MANAGING MEMB , ALBERT OCA WOODS LANE	BERS/MANAGERS	TITU NAM STRE	E Et adoress		Fłorida	Departm	ent of State	
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I hereby certify that the information supplied with this litting does not quality for the exemptions contained in Chapter 119. Honda statutes. I further certify that the information indicated on this report is firtue 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

(561) 471-0706