

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044921

Entity Name: HAINES DEPOT, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

8687 W. IRLO BRONSON MEM HWY, STE. 200
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8687 W. IRLO BRONSON MEM HWY, STE. 200
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-8893799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEARY, WILLIAM N
8687 W. IRLO BRONSON MEM HWY, STE. 200
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

VASON, ROBERT F JR. PA
501 EAST FIFTH AVENUE
MOUNT DORA, FL 32756 US

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.

SIGNATURE: ROBERT F. VASON JR.

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOUR CORNERS REALTY., INC.
Address: 8687 W. IRLO BRONSON MEM HWY, STE. 200
City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM () Delete
Name: LEARY, STEVEN J
Address: 422 RAINTREE CT
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: LEARY FAMILY PARTNER, SHIP, LLP
Address: 2180 PARK AVENUE N., STE 322
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LEARY, STEVEN J
Address: 8687 W. IRLO BRONSON MEM HWY #200
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM N. LEARY

MGR

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date