FILED
Jun 04, 2008 8:00 am
Secretary of State
04-28-2008 90026 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

DOCUMENT # L07000063707

1. Entity Name
HOG EYE CAMP ROAD, LLC

30008741

Principal Place of Business	Mailing Address
331 N MAITLAND AVE STE C-3 MAITLAND, FL 32751	PO BOX 940579 MAITLAND, FL 32794-0579

04252008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
39 OAKLEIGH DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND FL	City & State
Zip: 32751 Country: USA	Zip Country

4. FEI Number ☐ 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
MITCHELL, STEWART B ~~331 N MAITLAND AVE STE C-3~~ ~~MAITLAND, FL 32751~~	Name Street Address (P.O. Box Number is Not Acceptable) 39 OAKLEIGH DR. City MAITLAND FL Zip Code 32794

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 4/25/2008 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 MITCHELL, STEWART B ~~331 N MAITLAND AVE STE C-3~~ ~~MAITLAND, FL 32751~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 39 OAKLEIGH DR MAITLAND, FL 32751
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/25/2008 407 740-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #