## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 25, 2008 8:00 am Secretary of State

352-373-689

Date

DOCUMENT # L07000066119  1. Entity Name HAILE HAVEN, LLC					04-25-2008 90016 042 ***138.75			
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Principal Plac	Mailing Address			1.5				
2735 SW 5TH PLACE 2735 SW 5TH PLACE GAINESVILLE, FL 32607 GAINESVILLE, FL 326			07			• • • •		
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Principal Place of Business - No P.O. Box #     3. Mailing Address						d and the second		
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Suite, Apt. #, etc. Suite, Apt. #, etc.					04062008	Chg-LLC	CR2E083 (12/06)	
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<b>-</b>								ot Applicable
Zip Country		Zip	Countr	ry	5. Certificate of	of Status Desired	□ \$5.00 Ad	
			<u> </u>		<u> </u>	<del></del>	Fee Require	ed
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	legistered Agent	
HINES JA	MES P su			Maille				
HINES, JAMES P 🦠 315 S HYDE PARK AVE				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33606		-					
	:							
				City			Zip Cox	de
_ <del>,</del> .		<u> </u>		ŕ			rL	1
8. The above	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	s registered	d office or registe	red agent, or both	n, in the State of Flo	orida. I am familiar with	, and accept
	nons of registered agent.							
SIGNATURE .	Signature, typed-or printed name of registered agen							
	signature, typed-or printed name or registered agen	nt and title if applicable. (NO)	E: Registered	Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
FILE After May	y 1, 2008 Fee will be \$538.7	5				Florida	e check payable to a Department of Sta	te
After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMB		10.		.00	Florida	a Department of Sta	te .
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