
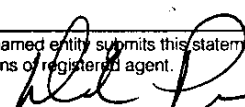
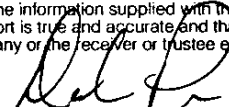


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90030 043 \*\*\*138.75

<b>DOCUMENT # L07000073960</b> 1. Entity Name HOAGLAND COMMERCE CENTER, LLC					
Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>			Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>		
2. Principal Place of Business - No P.O. Box # <b>202 BROADWAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>202 BROADWAY</b> Suite, Apt. #, etc.			
City & State <b>KISSIMMEE, FLORIDA</b> Zip <b>34741</b>		City & State <b>KISSIMMEE, FLORIDA</b> Zip <b>34741</b>		4. FEI Number <b>26-0542953</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PARSONS, DALE H 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name <b>DALE PARSONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>202 BROADWAY</b> City <b>KISSIMMEE</b> FL <b>34741</b>		
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  DATE <b>4.17.08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARSONS, DALE H 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
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:  DATE <b>4.17.08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					