


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M05000003441</b><br>1. Entity Name<br><b>HASTINGS CREATIONS, LLC</b> |  |
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|--|--|
| Principal Place of Business<br><b>2180 11TH COURT SOUTH<br/>BIRMINGHAM, AL 35205</b> | Mailing Address<br><b>2180 11TH COURT SOUTH<br/>BIRMINGHAM, AL 35205</b> |
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**DO NOT WRITE IN THIS SPACE**



02192008 No Chg-LLC

CR2E083 (12/07)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-3008133</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |  |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |
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| <b>6. Name and Address of Current Registered Agent</b><br><br><b>NRAI SERVICES, INC.<br/>2731 EXECUTIVE PARK DRIVE, SUITE 4<br/>WESTON, FL 33331</b> |
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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

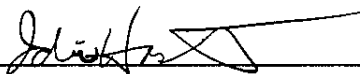
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000853615  
03/26/08-80076-002 138.75

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HASTINGS, IDIE<br>2180 11TH COURT SOUTH<br>BIRMINGHAM, AL 35205  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HASTINGS, CHRIS<br>2180 11TH COURT SOUTH<br>BIRMINGHAM, AL 35205 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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:** Idie Hastings  3-5-08 205-933-5474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #