


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90097 015 \*\*\*138.75

<b>DOCUMENT # M07000001280</b>	
1. Entity Name <b>GEOHAY, LLC</b>	

Principal Place of Business <b>84 VILLA ROAD GREENVILLE, SC 29615</b>	Mailing Address <b>84 VILLA ROAD GREENVILLE, SC 29615</b>
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**60044736**



2. Principal Place of Business - No P.O. Box # <b>110 COMMERCIAL RD.</b>	3. Mailing Address <b>P.O. Box 160040</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07092008 Chg-LLC CR2E083 (12/06)

City & State <b>SPARTANBURG SC</b>	City & State <b>SPARTANBURG SC</b>
Zip <b>29316</b>	Country <b>USA</b>
Zip <b>29316</b>	Country <b>USA</b>

4. FEI Number <b>20-8330078</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

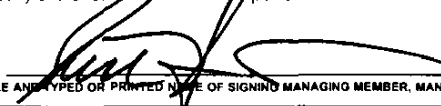
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ADAMS, C. DAN 84 VILLA ROAD GREENVILLE, SC 29615</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DAN HARGETT PO Box 160040 SPARTANBURG, SC 29316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this form 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.

<b>SIGNATURE:</b> 	<b>7/9/08</b> <b>8044727000</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #