


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000008615**

1. Entity Name  
**HANNA, LLC**



Principal Place of Business <b>611 W. AZEELE ST.          TAMPA, FL 33606</b>	Mailing Address <b>611 W. AZEELE ST.          TAMPA, FL 33606</b>
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**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>59-3737421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**H. STRATTON SMITH III, ESQ.  
 611 W. AZEELE ST.  
 TAMPA, FL 33606**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retaking)

**Filing Fee is \$50.00 Due by May 1, 2004**

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 03/19/04-80017-015 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP DICKERSON, JAMES E 611 W. AZEELE ST. TAMPA, FL 33606</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1-22-04-813-9883063**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #