LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90017 017 ****50.00

DOCUMENT # L01000021355

1. Entity Name

HAHNER VENTURES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4848 N.E. 12th Ave.	4848 N.E. 12th Ave.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State: FORT LAUD, FL.	City & State: FORT LAUD, FL.
Zip: 33334 Country: BROWARD	Zip: 33334 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1158115 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Craig Hahner

Street Address (P.O. Box Number is Not Acceptable): 16151 122 Dr. North

City: Jupiter **FL** Zip Code: 33478

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.

SIGNATURE [signature] DATE 4-3-02

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President	TITLE	
NAME	Craig Hahner	NAME	
STREET ADDRESS	16151 122 Dr. N.	STREET ADDRESS	
CITY-ST-ZIP	Jupiter, Fl. 33478	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: [signature] 4-3-02 954-771-6606

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