2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 MAY -4 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021355

1. Entity Name
HAHNER VENTURES LLC

Principal Place of Business	Mailing Address
4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334	4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334

04222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
16151 122 Dr. N	16151 122 Dr. N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Fl	City & State: Jupiter, Fl
Zip: 33478 Country: Palm Beach	Zip: 33478 Country: Palm Beach

4. FEI Number 65-1158115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAHNER, CRAIG 16151 122 DR NORTH JUPITER, FL 33478	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAHNER, CRAIG 4848 N.E. 12 AVE. FT. LAUDERDALE, FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500035402215 05/04/04--01025--002 **250.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______________________ 4-22-04 954-275-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #