

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-13-2006 90034 037 ****50.00

DOCUMENT # L05000055922					
1. Entity Name HAN HOLDINGS, L.L.C.					
Principal Place of Business RAMDAS BHANDARI, C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021			Mailing Address RAMDAS BHANDARI, C/O KRAMER, GREEN, ET AL 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2964253				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		
GREEN, MITCHELL F 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021			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 renewing) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BHANDARI, RAMDAS 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BHANDARI, CHITRA 4000 HOLLYWOOD BOULEVARD, SUITE 485-SOUTH HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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:				4/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	