2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2003 8:00 am

Pincipal Place of Displaces BALWIN MO 6302 2. Principal Place of Business Suite, Apr. #, etc. Suite, Apr. #, etc. City & State City & State City & State Address of Current Registered Agent JOHANNES, MICHAEL G 2738 BEACON COURT NAVARRE FL 32568 Since Apr. #, etc. Since Address of Current Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Current Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Current Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Rown Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Rown Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Rown Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Rown Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address of Rown Registered Agent Name Steed Address (P.O. Box Number is Not Acceptable) Total Address (P.O. Box Nu	DOCUMENT # M0000002261 1. Entity Name HANCO INVESTMENTS, L.L.C.					Secretary of State 04-28-2003 90102 003 ****50.00			
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JOHANNES, MICHAEL G 2733 BEACON COURT NAVARRE FL 32566 City FL Zip Code 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 Forida. 1 am familiar with, and accept into obligations of registered agent. **FILE NOW!!! FEE IS \$50.00 **Make Check Psysble to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 1111.2 MEM OSSKIN, TERESA M SOSKIN, TERESA M SOSKIN TERES		6. Name and Address of Curre	ent Registered Agent	<u> </u>	Name	7. Name and Address of New Registered	d Agent		
Ety FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature, typide or private name of registered agent and the if significable (MOTE Repailable Agent	2733 BEACON COURT					ss (P.O. Box Number is Not Acceptable)			
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature typed or printed name of registered agent and the if applicable. (NOTE Registered Agent signature required when retritutance) DATE	NAV	ARME FL 32300			City		- Zin Cod		
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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:

CR2E083 (10/02)