

2001 UNIFORM BUSINESS REPORT (UBR)

0019633 AF

DOCUMENT # L00000002313
1. Entity Name
 HANSON STREET L.L.C.

FILED

01 FEB -7 PM 12:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O R. SCOTT BARKER
 12699 NEW BRITTANY BLVD.
 FORT MYERS FL 33907

Mailing Address
 C/O R. SCOTT BARKER
 12699 NEW BRITTANY BLVD.
 FORT MYERS FL 33907

2. Principal Place of Business
 7910 Summerlin Lakes Dr.
 Suite, Apt. #, etc.
 Fort Myers, FL
 City & State

3. Mailing Address
 7910 Summerlin Lakes Dr.
 Suite, Apt. #, etc.
 Fort Myers, FL
 City & State

Zip 33907 Country Lee Zip 33907 Country Lee

4. FEI Number 65-0985828 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 BARKER, R. SCOTT
 12699 NEW BRITTANY BLVD.
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 Name: James B. McMenemy
 Street Address (P.O. Box Number is Not Acceptable)
 7910 Summerlin Lakes Dr.
 City: Fort Myers FL Zip Code: 33907

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: *James B. McMenemy* DATE: 2-5-01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing member <input type="checkbox"/> Delete James B. McMenemy 7910 Summerlin Lakes Dr. Fort Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003677648--4 -02/13/01--01102--011 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James B. McMenemy* DATE: 2-5-01 941 489 0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)