2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90210 049 ****50.00

DOCUMENT # L00000003222

1. Entity Name
HACK'S ENTERPRISE, L.C.

Principal Place of Business	Mailing Address
~~12741 WORLD PLAZA LANE~~ ~~BLDG 84 SUITE 3~~ ~~FORT MYERS, FL 33907~~	~~5100 DEL PRADO BLVD.~~ ~~CAPE CORAL, FL 33904~~
2. Principal Place of Business: 3949 EVANS AV. #205	3. Mailing Address: 3949 EVANS AV. #205
Suite, Apt. #, etc.: #205	Suite, Apt. #, etc.: #205
City & State: FORT MYERS, FL.	City & State: FORT MYERS, FL.
Zip: 33901 Country: USA	Zip: 33901 Country: USA

01232004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 65-0995136 ☐ 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
~~BARTEL, VIOLA~~ ~~5100 DEL PRADO BLVD~~ ~~CAPE CORAL, FL 33904~~	Name: CARL GRECO (Accountant) Street Address (P.O. Box Number is Not Acceptable): 3949 EVANS AV. #205 Suite #205 City: Fort Myers FL Zip Code: 33901

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: CARL GRECO ✓ [signature] 1/26/04
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: MGRM NAME: MOLITOR GMBH BEDACHUNG STREET ADDRESS: SCHWALBACHERSTR. 52 CITY-ST-ZIP: ELTVILLE/GERMANY, D 65343	☑ Delete	TITLE: PRESIDENT NAME: MICHAEL HACK STREET ADDRESS: RISSBACHER STR 173 CITY-ST-ZIP: ~~TRABEN-TRARBACH, GERMANY~~	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP: ZIP 56841	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ✓ [signature] president 1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #