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
~~12741 WORLD PLAZA LANE~~
~~BLDG 84 SUITE 3~~
~~FORT MYERS, FL 33907~~

Mailing Address
~~5109 DEL PRADO BLVD.~~
~~CAPE CORAL, FL 33904~~

01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3949 EVANS AV. #205	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

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

~~BARTEL, VIOLA~~
~~5109 DEL PRADO BLVD~~
~~CAPE CORAL, FL 33904~~

7. Name and Address of New Registered Agent

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 ✓ 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	☑ Delete	PRESIDENT	☑ Change ☐ Addition
NAME	MOLITOR GMBH BEDACHUNG		MICHAEL HACK	
STREET ADDRESS	SCHWALBACHERSTR. 52		RISSBACHER STR 173	
CITY-ST-ZIP	ELTVILLE/GERMANY, D 65343		~~TRABEN-TRARBACH, GERMANY~~ ZIP 56841	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
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TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: ✓ president 1/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #