

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000004060

1. Entity Name  
HENNESSEY CAPITAL SE, LLC



Principal Place of Business

304 PLANT AVENUE  
SUITE 200  
TAMPA, FL 33606

Mailing Address

P.O. BOX 2601  
TAMPA, FL 33601-2601

**DO NOT WRITE IN THIS SPACE**



03282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3639313

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WOLF, FRED DAVID  
304 PLANT AVENUE, SUITE 200  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME WOLF, DAVID F  
STREET ADDRESS 5010 BAYSHORE BLVD., #5  
CITY-ST-ZIP TAMPA, FL 33610

TITLE  
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CITY-ST-ZIP

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L000000282613  
03/31/05-80049-018 55.00

**DO NOT WRITE  
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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)(f), 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:

3/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #