

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016008

Entity Name: HARTSOCK & MANN, L.L.C.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

1311 E. SECOND ST.
SANFORD, FL 327711315

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1449
SANFORD, FL 327721449

New Mailing Address:

FEI Number: 59-3686677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTSOCK, HAROLD G
1311 E. SECOND ST.
SANFORD, FL 327711315 US

Name and Address of New Registered Agent:

HARTSOCK, STEPHEN M MGRM
1311 E. SECOND ST.
SANFORD, FL 327711315 US

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: STEPHEN M HARTSOCK

03/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARTSOCK, HAROLD G
Address: 5205 WILSON RD
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: HARTSOCK, STEPHEN M
Address: 336 OAK LEAF CIR
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: MANN, RICHARD H
Address: 2600 SHAD LANE
City-St-Zip: GENEVA, FL 32732

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN M HARTSOCK

MGRM

03/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date