

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011253

Entity Name: HUME GREEN ST. LLC

FILED  
Feb 21, 2009  
Secretary of State

**Current Principal Place of Business:**

93 HIGH ST  
HANSON, MA 02341

**New Principal Place of Business:**

**Current Mailing Address:**

93 HIGH ST  
HANSON, MA 02341

**New Mailing Address:**

FEI Number: 04-3466345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

J.R. HANNAN REALTY INC  
2115 PALM BAY RD NE  
SUITE 5 E  
PALM BAY, FL 32905 US

**Name and Address of New Registered Agent:**

85 AND SUNNY PROPERTY MANAGEMENT  
2295 W. EAU GALLIE BLVD.  
SUITE A  
MELBOURNE, FL 32935 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: PATRICIA LORENZO

02/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LUNDELL, WENDY  
Address: 93 HIGH ST  
City-St-Zip: HANSON, MA 02341  
  
Title: MGRM (X) Delete  
Name: HANNAN, BEVERLY  
Address: 2115 PALM BAY RD NE STE 5E  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LISA, GOOD A  
Address: 121 MONTEREY CIRCLE  
City-St-Zip: NEW BERN, NC 28562  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WENDY LUNDELL

MGR

02/21/2009

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