

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014210

Entity Name: HAHN BUILDING, L.L.C.

FILED  
Apr 04, 2006  
Secretary of State

**Current Principal Place of Business:**

17 EAST FLAGLER STREET  
SUITE 111  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13351  
MIAMI, FL 33101

**New Mailing Address:**

FEI Number: 65-1131228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHERMAN, JEFF  
17 EAST FLAGLER ST #111  
MIAMI, FL 33131 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHERMAN, JEFF  
Address: PO BOX 13351  
City-St-Zip: MIAMI, FL 33101

Title: MGRM ( ) Delete  
Name: SHERMAN, BERTA  
Address: 1765 DAYTONA ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: PATARO, THELMA  
Address: 17 E FLAGLER ST #111  
City-St-Zip: MIAMI, FL 33131

**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: JEFF SHERMAN

MGRM

04/04/2006

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