

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017266

1. Entity Name  
J. HAHN CONSTRUCTION, L.L.C.



Principal Place of Business  
P. O. BOX 111  
CANON CITY, CO 81212

Mailing Address  
P.O. BOX 111  
CANON CITY, CO 81212 US



07172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0088774

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

HERMAN, BRUCE  
1401 E. BROWARD BLVD.  
SUITE 206  
FT. LAUDERDALE, FL 33301

**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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAHN, JAMES  
P.O. B 111  
CANON CITY, CO 81212

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
HAHN, PENNY  
P.O. B 111  
CANON CITY, CO 81212

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

U00000770615  
07/26/07-80005-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

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

7-23-07

Date

719 431 3623

Daytime Phone #