2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000000183

1. Entity Name
HART-EPSTEIN ENTERPRISES, LLC

Principal Place of Business	Mailing Address
ATTN: PATRICIA H HART 2313 VISTA COVE RD ST. AUGUSTINE, FL 32084	ATTN: PATRICIA H HART 2313 VISTA COVE RD ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
01-0734900
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HART, PATRICIA H
2313 VISTA COVE RD
ST AUGUSTINE, FL 32084

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000384918
01/17/06-80034-023 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HART, PATRICIA H
STREET ADDRESS	2313 VISTA COVE RD
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	MGR
NAME	EPSTEIN, BEVERLY
STREET ADDRESS	P.O. BOX 280
CITY-ST-ZIP	MARLBORO, NJ 07746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Jan 12 2006 904-819-1702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #