

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005005

Entity Name: HANGAR, L.L.C.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

525 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

525 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 02-0680640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANCE, JAMES H
525 N. HARBOR CITY BOULEVARD
MELBOURNE, FL 32935 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: GATTI, WALTER J
Address: 2060 S. PATRICK DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGRM () Delete
Name: RATHMANN, JAMES JR.
Address: 800 S. HARBOR CITY BOULEVARD
City-St-Zip: MELBOURNE, FL 32941

Title: MGRM () Delete
Name: NANCE, JAMES H
Address: 525 N. HARBOR CITY BOULEVARD
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HALEY, MYRA
Address: 7640 N. WICKHAM RD., #101B
City-St-Zip: MELBOURNE, FL 32940

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: JAMES H NANCE

MGRM

04/17/2007

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