2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L02000008104

1. Entity Name
HANUKA BROS. REALTY L.L.C.

Principal Place of Business	Mailing Address
1807 WHITECAP CIRCLE NORTH FORT MYERS, FL 33903 US	P.O. BOX 1479 FORT MYERS, FL 33902 US

DO NOT WRITE IN THIS SPACE

03152008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
04-3635146

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANUKA, DANIEL
1807 WHITECAP CIRCLE
NORTH FORT MYERS, FL 33903

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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)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HANUKA, DANIEL
STREET ADDRESS	1807 WHITECAP CIRCLE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	MGR
NAME	HANUKA, JAMIE
STREET ADDRESS	2400 CASTLETOWER ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32301
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	

U00000868711
04/09/08-80019-019 138.75

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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: Daniel Hanuka DANIEL HANUKA 3/15/08 239-332-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #