


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011782 1. Entity Name HANSE, L.L.C.					
Principal Place of Business 2500 NORTH FEDERAL HWY., STE. 201 FORT LAUDERDALE, FL 33305			Mailing Address 2500 NORTH FEDERAL HWY., STE. 201 FORT LAUDERDALE, FL 33305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2039713	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DWV INVESTMENTS 2500 N. FEDERAL HWY, STE 201 JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRKSEN, VOLKMAR 2500 N. FEDERAL HWY, STE 201 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRKSEN, VOLKMAR 2500 N. FEDERAL HWY, STE 201 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRKSEN, VOLKMAR 2500 N. FEDERAL HWY, STE 201 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRKSEN, VOLKMAR 2500 N. FEDERAL HWY, STE 201 FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Dirksen Volkmar</i> DATE: <i>2/6/06</i> DAYTIME PHONE #: <i>954 561-9900</i>					