


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

03-04-2008 90105 030 \*\*\*\*50.00  
 L02000014165  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 31 PM 2:25

DOCUMENT # L02000014165  
 1. Entity Name  
 HANANIA INVESTMENTS, LLC



Principal Place of Business 7200 BLANDING BLVD. JACKSONVILLE, FL 32244	Mailing Address 7200 BLANDING BLVD. JACKSONVILLE, FL 32244
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02212008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0735589	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HANANIA, JACK Y  
 7200 BLANDING BLVD  
 JACKSONVILLE, FL 32244

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANANIA, JACK Y 7200 BLANDING BLVD. JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANANIA, DEBORAH S 7200 BLANDING BLVD. JACKSONVILLE, FL 32244
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**DO NOT WRITE IN THIS SPACE**

100121329801  
 03/26/08 01015-006 \*\*\*99.75

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:  DATE: 2-25-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #