

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015461

Entity Name: HANSEN-SALZMAN L.L.C.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

1720 SUNSET BLVD.
BOULDER, CO 80304

New Principal Place of Business:

308 ARAPAHOE AVE.
BOULDER, CO 80302

Current Mailing Address:

1720 SUNSET BLVD.
BOULDER, CO 80304

New Mailing Address:

308 ARAPAHOE AVE.
BOULDER, CO 80302

FEI Number: 90-0030338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSEN, GREGORY J
26868 HICKORY BLVD.
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

HANSEN, GREGORY J
103 JUMENTO CAY
BONITA SPRINGS, FL 34134 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANSEN, GREGORY J
Address: 1720 SUNSET BLVD.
City-St-Zip: BOULDER, CO 80304

Title: MGRM () Delete
Name: SALZMAN, JEFFREY D
Address: 1720 SUNSET BLVD.
City-St-Zip: BOULDER, CO 80304

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANSEN, GREGORY J
Address: 308 ARAPAHOE
City-St-Zip: BOULDER, CO 80302

Title: MGRM (X) Change () Addition
Name: SALZMAN, JEFFREY D
Address: 308 ARAPAHOE AVE.
City-St-Zip: BOULDER, CO 80302

I hereby certify that the information supplied with this filing does not qualify 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: GREG HANSEN

MGRM

04/29/2008

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