

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015461

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

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

308 ARAPAHOE AVE.  
BOULDER, CO 80302

**New Principal Place of Business:**

1975 BALSAM DR.  
BOULDER, CO 80304

**Current Mailing Address:**

308 ARAPAHOE AVE.  
BOULDER, CO 80302

**New Mailing Address:**

1975 BALSAM DR.  
BOULDER, CO 80304

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  
103 JUMENTO CAY  
BONITA SPRINGS, FL 34134 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: HANSEN, GREGORY J  
Address: 308 ARAPAHOE  
City-St-Zip: BOULDER, CO 80302

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HANSEN, GREGORY J  
Address: 1975 BALSAM  
City-St-Zip: BOULDER, CO 80304

Title: MGRM (X) Change ( ) Addition  
Name: SALZMAN, JEFFREY D  
Address: 1975 BALSAM DR  
City-St-Zip: BOULDER, CO 80304

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: GREGORY HANSEN

PRES

04/23/2009

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