2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000015850

1. Entity Name
HAHNER VENTURES I, LLC

Principal Place of Business	Mailing Address
4848 NE 12TH AVENUE FORT LAUDERDALE, FL 33334	4848 NE 12TH AVENUE FORT LAUDERDALE, FL 33334

04222004   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address	
16151 122 Dr. N	16151 122 Dr. N	
Suite, Apt. #; etc.	Suite, Apt. #; etc.	

City & State	City & State	**4.** FEI Number	Applied For
Jupiter, Fl	Jupiter, Fl	02-0633162	Not Applicable

Zip	Country	Zip	Country	
33478	Palm Beach	33478	Palm Beach	

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAHNER, CRAIG 4848 NE 12TH AVENUE FORT LAUDERDALE, FL 33334	Name HAHNER, CRAIG Street Address (P.O. Box Number is Not Acceptable) 16151 122 Dr. N City Jupiter FL Zip Code 33478

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 _____

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAHNER, CRAIG 4848 NE 12TH AVENUE FORT LAUDERDALE, FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3000035402233 05/04/04 - 01025- 002 **250.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4-22-04   954-275-9901

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