


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90018 015 \*\*\*\*50.00

<b>DOCUMENT # L03000009090</b>					
<b>1. Entity Name</b> HANSON ART, LLC					
<b>Principal Place of Business</b> 4503 IRVINGTON AVE SUITE 4 JACKSONVILLE, FL 32210 US			<b>Mailing Address</b> 4529 LAWNVIEW ST JACKSONVILLE, FL 32205 US		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> 631 LONGCREST LN		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State ORANGE PK, FL		
Zip		Country		Zip 32065	
Country		Country USA		<b>4. FEI Number</b> 90-0070384	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HANSON, JOSEPH W MR 4529 LAWNVIEW ST JACKSONVILLE, FL 32205					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable) 631 LONGCREST LN					
City ORANGE PARK FL Zip Code 32065					
<b>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.</b>					
SIGNATURE <u>Joseph W. Hanson</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSON, JOSEPH W MR 4529 LAWNVIEW ST JAX, FL 32205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	631 LONGCREST LN ORANGE PARK FL 32065
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
SIGNATURE: <u>Joseph W. Hanson</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					