

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90211 003 ****55.00

DOCUMENT # L03000011832

1. Entity Name
HARTSHORN INVESTMENT MANAGEMENT LLC



Principal Place of Business Mailing Address
1285 GULF SHORE BLVD. NORTH, UNIT 1-A **1285 GULF SHORE BLVD. NORTH, UNIT 1-A**
NAPLES, FL 34103 **NAPLES, FL 34103**

2. Principal Place of Business 3. Mailing Address
Northern Trust Bank of FL **Northern Trust Bank of FL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4001 Tamiami Trail North **4001 Tamiami Trail North**
 City & State City & State
Naples, FL **Naples, FL**
 Zip Country Zip Country
34103 **USA** **34103** **USA**



01122004 Chg-LLC CR2E083 (10/03)

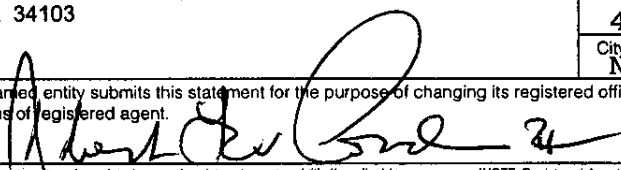
4. FEI Number Applied For
27-0066723 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LONDON, ROBERT D.W. II ESQ
DUNWOODY WHITE & LONDON, P.A.
4001 TAMIAMI TRAIL NORTH, STE. 200
NAPLES, FL 34103

7. Name and Address of New Registered Agent
 Name
Landon, Robert D.W., II, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
Dunwoody White & Landon, P.A.
4001 Tamiami Trail North, Suite 200
 City State Zip Code
Naples **FL** **34103**

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 _____

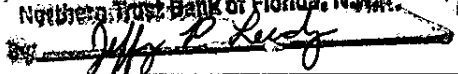
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 HARTSHORN, STEPHEN H TRUSTEE 1285 GULF SHORE BLVD. NORTH, UNIT 1-A NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Northern Trust Bank of Florida, Co-Trustee 4001 Tamiami Trail North Naples, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jean Hartshorn Jenkins, Co-Trustee 11501 W. 159th Olathe, KS 66062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: **1/20/04** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE