2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State 01-26-2007 90080 001 ****50.00

DOCUMENT # L03000011832 1. Entity Name HARTSHORN INVESTMENT MANAGEMENT LLC					01-20-20 ₩,÷ -						
Principal Place of Business Malling Address % NORTHERN TRUST BANK OF FL % NORTHERN TRUST BAN 4001 TAMIAMI TRAIL NORTH 4001 TAMIAMI TRAIL NOR NAPLES, FL 34103 NAPLES, FL 34103											
2. Principal Place of Business - No P.O. Box # 3. Mailing Address %Northern Trust, N.A. %Northern Tr				.А.		<u> </u>	111				
Suite, Apt. #, etc. 4001 Tamiami Trail N. City & State City & State			i Trail	N.	01182007 Chg-LLC	CR2E083 (12/06)	plied For				
Naple		Naples, FL		27-0066723	No	t Applicable					
34103	6. Name and Address of Current R	Zip 34103	Country		Certificate of Status Desired Name and Address of New Re	bbA 00.2¢					
	o. Hailis and Address of Cultofit P	logistorou Agent	Name	m - 1	***************************************						
LANDON, ROBERT D.W. II ESQ DUNWOODY WHITE & LANDON, P.A.				Address (I	rt D.W. Landon,)	-				
4001 TAM NAPLES.	IAMI TRAIL NORTH, SUITE 200	0			ody White & Lan						
14/11 220,1	12 54105			<u>4001</u> Nap1	<u>Tamiami Trail</u> es		34103				
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office of	r register	ed agent, or both, in the State of Flor	ride. I am familiar with,	and accept				
SIGNATURE											
Filing Fee is \$50.00 Due by May 1, 2007						check payable to Department of State					
9.	MANAGING MEMBER	RS/MANAGERS	10.	Lvan	ADDITIONS/						
		E	I MILL								
TITLE NAME	MGR NORTHERN TRUST BANK OF FI	Delete CO-TRUSTEE	TRTLE NAME	MGR		⊠ Change A Co-Tru	□ Addition 1stee				
	MGR NORTHERN TRUST BANK OF FL 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103		1	Nor 400	thern Trust, N. 1 Tamiami Trail	A., Co-Tru					
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Principal Place of Business % NORTHERN TRUST BANK OF FL 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103		Mailing Address % NORTHERN TRUST BANK OF FL 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103		L	ATTACHMENT		,			
2. Principal Place of Business - No P.O. Box # %Northern Trust, N.A. Sulte, Apt. #, etc. 4001 Tamiami Trail N.		3. Malling Address %Northern Trust, N.A. Sulte, Apt. #, etc. 4001 Tamiami Trail N. City & State			01182007 Chg-LLC CR2E083	· · ·	plied For			
City & State Naples, FI. Zip Country 34103		Naples, FI. Zip Country 34103			27-0066723 5. Certificate of Status Desired Feb.	.00 Add	i Applicable			
DUNWOOI 4001 TAMI NAPLES, F		0	. (Street Address Dunw 4001 City Nap1		Esq. A. Lite Zp Code	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 Signature, typed or printed many of registered agent and life if applicable. (NOTE: Registered Agent signature required when refusating) DATE										
Filing Fee Is \$50.00 Due by May 1, 2007					Make check pays Florida Department					
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR NORTHERN TRUST BANK OF FL 4001 TAMIAMI TRAIL NORTH NAPLES, FL 34103	☐ Defete	10. TITLE NAME STREET AL CITY-ST-	WDRESS 400	ADDITIONS/CHANGES Thern Trust, N.A., Co Tamiami Trail N. Dles, FL 34103	Change -Tru	Addition stee			
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, JEAN H C-T 11501 W. 159TH OLATHE, KS 66062	☐ Deleta	TITLE Name Street a City-St-	vodress		Change	Addition			
FITLE NAME STREET ADDRESS CITY-SI-ZIP		□ Delete	TITLE NAME STREET A CHY-ST-	- 1		Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP	707-41	□ Delete	NAME STREET AL CITY-ST-			Change	Addition			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET A			Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AG CITY-ST-		C	Change	Addition			
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.										
SIGNATURE: by //22/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND MANAGER, OR AUTHORIZED REPRESENTATIVE DELO DESYMPTE PHONE & DESYMPTE PHON										