2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037782

1. Entity Name
HAGEN PALEN FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
10181 SIX MILE CYRESS PKWY., STE. A FORT MYERS, FL 33912	10181 SIX MILE CYRESS PKWY., STE. A FORT MYERS, FL 33912

DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0274463
☐ Applied For
☐ Not Applicable

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

6. *Name and Address of Current Registered Agent*

HOGEN, JAMES L
10181 SIX MILE CYPRESS PKWY, STE A
FORT MYERS, FL 33912

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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, 2006

U00000415964
02/11/06-80103-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HAGEN, JAMES L
STREET ADDRESS	10181 SIX MILE CYPRESS PKWY, STE A
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	MGRM
NAME	PALEN, HOWARD E
STREET ADDRESS	10181 SIX MILE CYPRESS PKWY, STE A
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____ 1-30-06 239-278-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #