

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90201 048 \*\*\*150.00

**DOCUMENT # L03000053267**

1. Entity Name  
**C. HANUS, L.L.C.**



Principal Place of Business  
**848 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145**

Mailing Address  
**848 BALD EAGLE DRIVE  
MARCO ISLAND, FL 34145**



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2683143**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOODWARD, CRAIG R  
606 BALD EAGLE DRIVE, SUITE 500  
MARCO ISLAND, FL 34145**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LILLY, FLOYD E SR.  
343 NORTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LILLY, DONNA L  
343 NORTH BARFIELD DRIVE  
MARCO ISLAND, FL 34145**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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** \_\_\_\_\_

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

Date

Daytime Phone #

*Donna L. Lilly* - Donna L. Lilly 3/5/06 239-642-8650