


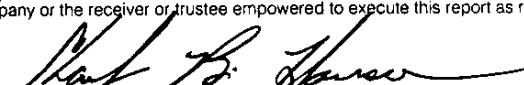
2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 025 ****50.00

DOCUMENT # L04000005944					
1. Entity Name CHARLES HANSON, LLC					
Principal Place of Business 2385 SE 40TH AVENUE OKEECHOBEE, FL 34974 US			Mailing Address 2385 SE 40TH AVENUE OKEECHOBEE, FL 34974 US		
2. Principal Place of Business - No P.O. Box # 2516 SE 31ST ST		3. Mailing Address 2516 SE 31ST ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01192007 Chg-LLC CR2E083 (12/06)	
City & State OKEECHOBEE, FL		City & State OKEECHOBEE, FL		4. FEI Number 83-0382739	
Zip 34974		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMS, LAURA K 223 S. PARROTT AVENUE OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSON, CHARLES 2385 SE 40TH AVENUE OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2516 SE 31ST ST OKEECHOBEE, FL 34974			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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: 

Date: 1/19/07

Daytime Phone #: 863-634-0300

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