

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000009091

1. Entity Name

ROBERT J. HANNA L.L.C.



Principal Place of Business

2406 SIESTA DRIVE  
SARASOTA FL 34239

Mailing Address

2406 SIESTA DRIVE  
SARASOTA FL 34239



2. Principal Place of Business

*sarasota fl*  
2406 Siesta Dr.

3. Mailing Address

*sarasota fl*  
2406 Siesta Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

*sarasota fl* 34239

City & State

*sarasota fl*

4. FEI Number

26-5609669

Applied For

Not Applicable

Zip

34239

Country

*sarasota*

Zip

34239

Country

*sarasota*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANNA, ROBERT J  
2406 SIESTA DRIVE  
SARASOTA FL 34239

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

*Robert J. Hanna*

Signature, typed or printed name of registered agent and title if applicable

*Robert J. Hanna*

(NOTE: Registered Agent signature required when reinstating)

8-28-06

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR  
NAME HANNA, ROBERT J ☐ Delete  
STREET ADDRESS 2406 SIESTA DRIVE  
CITY - ST - ZIP SARASOTA FL 34239

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000575731  
08/31/06-80001-014 50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:

*Robert J. Hanna*

8-28-06

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

Date

Daytime Phone #