


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90045 021 \*\*\*\*50.00

DOCUMENT # L04000036666 1. Entity Name THE HANKINS FAMILY, LLC	
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Principal Place of Business 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118	Mailing Address 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118
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**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1138646	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HANKINS, CRAIG M  
2708 S. PENINSULA DRIVE  
DAYTONA BEACH, FL 32118

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANKINS, CRAIG M 2708 S PENINSULA DR DAYTONA BEACH, FL 32118
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**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:  CRAIG HANKINS 04.25.06 386.871.7185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #