

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060677

FILED
Jul 19, 2006
Secretary of State

Entity Name: HENDREN MANAGEMENT, LLC

Current Principal Place of Business:

3000 NE 5TH TERRACE
A311
WILTON MANORS, FL 33334 US

New Principal Place of Business:

10 SE 11TH STREET
POMPANO BEACH, FL 33060 US

Current Mailing Address:

3000 NE 5TH TERRACE
A311
WILTON MANORS, FL 33334 US

New Mailing Address:

10 SE 11TH STREET
POMPANO BEACH, FL 33060 US

FEI Number: 20-2502924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HENDREN, ROBERT W
3000 NE 5TH TERRACE
A311
WILTON MANORS, FL 33334 US

Name and Address of New Registered Agent:

HENDREN, ROBERT W
10 SE 11TH STREET
POMPANO BEACH, FL 33060 US

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.

SIGNATURE: ROBERT HENDREN

07/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENDREN, ROBERT W
Address: 3000 NE 5TH TERRACE
City-St-Zip: WILTON MANORS, FL 33334 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENDREN, ROBERT W
Address: 10 SE 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 HENDREN

MGRM

07/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date