

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068696

FILED
Mar 14, 2005
Secretary of State

Entity Name: HANG TOUGH HOLDINGS, LLC

Current Principal Place of Business:

5381 NO. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

5381 NO. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-1682119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, ANDREW M
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

MANDERSON, ANDREW W
5381 N. FEDERAL HWY
POMPANO BEACH, FL 33064 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: ANDREW W. MANDERSON

03/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MANDERSON, ANDREW
Address: 5381 NO. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: MANDERSON, JUDITH
Address: 5381 NO. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MANDERSON, JUDY
Address: 5381 NO. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANDREW W. MANDERSON

MGRM

03/14/2005

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