

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093699

FILED
Mar 09, 2009
Secretary of State

Entity Name: HAHN ENTERPRISES, L.L.C.

Current Principal Place of Business:

27830 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

27830 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33544

Current Mailing Address:

27830 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33543

New Mailing Address:

27830 SUMMERGATE BLVD
WESLEY CHAPEL, FL 33544

FEI Number: 34-2031505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHN, ANDREW
1524 DISTANT OAKS DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAHN, ANDREW
Address: 1524 DISTANT OAKS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGR () Delete
Name: KEENEY, MICHAEL L
Address: 27830 SUMMERGATE BLVD
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAHN, ANDREW
Address: 1524 DISTANT OAKS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGR (X) Change () Addition
Name: KEENEY, MICHAEL L
Address: 27830 SUMMERGATE BLVD
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL KEENEY

MGR

03/09/2009

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