

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027363

FILED
Apr 16, 2009
Secretary of State

Entity Name: HAHN DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

17 EAST FLAGLER STREET
219
MIAMI, FL 33131

New Principal Place of Business:

17 EAST FLAGLER STREET
118
MIAMI, FL 33131

Current Mailing Address:

P.O. BOX 13351
MIAMI, FL 33101

New Mailing Address:

FEI Number: 20-3574736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, JEFF A
17 E FLAGLER ST
219
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHERMAN, JEFF A
17 E FLAGLER ST
118
MIAMI, FL 33131 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHERMAN, JEFF
Address: 17 E FLAGLER STREET SUITE 219
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: BERTA, SHERMAN
Address: PO BOX 13351
City-St-Zip: MIAMI, FL 33101

Title: MGRM () Change (X) Addition
Name: THELMA, PATARO
Address: PO BOX 13351
City-St-Zip: MIAMI, FL 33101

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: JEFF SHERMAN

MGRM

04/16/2009

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