## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 23, 2006 8:00 am Secretary of State 03-23-2006 90267 005 \*\*\*\*50.00

DOCUMENT # L05000041880  1. Entity Name MARYJEANHARDMAN, LLC						03-23-20	06 9026	7 005 ****	50.00	
Principal Place of Business 878 VILLAGE WAY PALM HARBOR, FL 34683		Mailing Address 878 VILLAGE WAY PALM HARBOR, FL 34683			20019896					
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232006	Chg-LLC	CR2E	E083 (11/05)		
City & State		City & State			4. FEI Numbe	20-2772	2930	<del></del>	plied For t Applicable	
Zip	- Country	.Zip. ~	Country —		5. Certificate	of Status Desired		-\$5:00 Add Fee Required	litional ~ d	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New	Registered	d Agent		
HADDMAN MADVIEW			Name		-					
HARDMAN, MARYJEAN 878 VILLAGE WAY PALM HARBOR, FL 34683		Street Address		ddress (P	(P.O. Box Number is Not Acceptable)					
	13011,12 01000									
· · · · · · · · · · · · · · · · · · ·			City ·		FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or	registere	d agent, or bot	h, in the State of I	Florida. I ar	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signatu	nte tednised #	vhen reinstating)	<u> </u>	DATE		<del></del>	
	Signature, typed or printed name of registered agent as sliing Fee is \$50.00 ue by May 1, 2006	nd stie if epplicable. (NOTE:	Registered Agent signati	rite required w	vhen reinstating)		ake check	payable to ment of State	9	
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11. I hereby certify that the information supplied with this filling 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE