## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000042108

1. Entity Name
GUNHANNAN, LLC



Principal Place of Business

2347 QUAIL RUN FARM LANE CINCINNATI, OH 45233 US

Mailing Address

2347 QUAIL RUN FARM LANE CINCINNATI, OH 45233 US

## FILED Mar 12, 2007 08:00 A Secretary of State



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02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2757831

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWN E LARSH, P.A. 11714 EMERALD COAST PKWY SUITE 5 MIRAMAR BEACH, FL 32550

**SIGNATURE** 

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char lions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNAN, VICTORIA 2347 QUAIL RUN FARM LANE CINCINNATI, OH 45233	;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000662872 03/21/07-80030-021 50.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- -		
NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE