

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90142 014 \*\*\*\*50.00

**DOCUMENT # L05000046342**

1. Entity Name  
**HANKS STREET ENTERPRISES, LLC**



Principal Place of Business  
**76 GULF PORT COURT  
MARCO ISLAND, FL 34145**

Mailing Address  
**76 GULF PORT COURT  
MARCO ISLAND, FL 34145**



2. Principal Place of Business

3. Mailing Address

**1083 N. Collier Blvd #319**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)

City & State

City & State

**Marco Island, FL**

4. FEI Number

**36-4514987**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34145**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALBRAITH, BRAD A  
5150 NORTH TAMiami TRAIL  
SUITE 402  
NAPLES, FL 34103**

Name

**Janeiro Jeffrey M**

Street Address (P.O. Box Number is Not Acceptable)

**5221 Strand Blvd. #100**

City

**Naples**

FL

Zip Code

**34110**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Jeffrey M. Janeiro**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MAGUIRE, JOSEPH P  
76 GULF PORT COURT  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MAGUIRE, KELLY  
76 GULF PORT COURT  
MARCO ISLAND, FL 34145** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

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

Date

Daytime Phone #

**(239) 389-2767**