

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90355 033 ****50.00

DOCUMENT # L05000066916

1. Entity Name
HANSSEN HOMES, LLC



Principal Place of Business Mailing Address
215 S.W. 1ST AVE **215 S.W. 1ST AVE**
WILLISTON, FL 32696 **WILLISTON, FL 32696**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 State, Apt. #, etc. State, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4182207 Chg-LLC CRZE083 (12/06)

4. FEI Number
APPLIED FOR 51-0581431 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HANSSEN, THOMAS R
215 S.W. 1ST AVE
WILLISTON, FL 32696

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
(Print, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required unless otherwise) (Date)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE HANSSEN, THOMAS R. JR. 215 S.W. 1ST AVE WILLISTON, FL 32696	<input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION NAME STREET ADDRESS CITY-STATE-ZIP	
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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 605, Florida Statutes.

SIGNATURE: Thomas R. Hanssen 04-18-07 352 528 5427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #