

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066916

Entity Name: HANSSEN HOMES, LLC

FILED  
Feb 28, 2009  
Secretary of State

**Current Principal Place of Business:**

215 S.W. 1ST AVE  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

215 S.W. 1ST AVE  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 51-0581431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANSSEN, THOMAS R  
215 S.W. 1ST AVE  
WILLISTON, FL 32696 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANSSEN, THOMAS R JR.  
Address: 215 S.W. 1ST AVE  
City-St-Zip: WILLISTON, FL 32696

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HANSSEN, THOMAS R JR.  
Address: 215 S.W. 1ST AVE  
City-St-Zip: WILLISTON, FL 32696 US

Title: MGR ( ) Change (X) Addition  
Name: BIES, BRIAN E  
Address: 3330 NE 220 AVE  
City-St-Zip: WILLISTON, FL 32696 US

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: THOMAS HANSSEN

MGRM

02/28/2009

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