


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000088065</b> 1. Entity Name <b>HARTMAN OF ANNA MARIA, LLC</b>	
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Principal Place of Business <b>5242 IMMO CRT SARASOTA, FL 34233</b>	Mailing Address <b>11701 E. 86TH TERRACE KANSAS CITY, MO 64138</b>
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**DO NOT WRITE IN THIS SPACE**



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-4137075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>HARTMAN, CHRISTOPHER B 5242 IMMO CT SARASOTA, FL 34233</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTMAN, PAULA LOUISE 11701 E 86TH TERRACE KANSAS CITY, MO 64138
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01/10/07-80001-008 50.00

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:** Paula Hartman, member 1-4-07 816 5918161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #