



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90146 005 ****50.00

DOCUMENT # L05000106225 1. Entity Name HAN ENTERPRISE, LLC																										
Principal Place of Business 11003 ORANGESHIRE COURT OCOE FL 34761			Mailing Address 11003 ORANGESHIRE COURT OCOE FL 34761 9814 Kilgore Rd Orlando FL 32836																							
2. Principal Place of Business 685 S Goldwyn Ave Suite, Apt. #, etc. Orlando FL 32805		3. Mailing Address Suite, Apt. #, etc. Orlando FL 32836																								
City & State Orlando FL		City & State Orlando FL		4. FEI Number 14-1944340																						
Zip Orlando		Zip Orlando		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																						
6. Name and Address of Current Registered Agent CHO, PETER H 11003 ORANGESHIRE COURT OCOE FL 34761 9814 Kilgore Road Orlando FL 32836				7. Name and Address of New Registered Agent Name Jasmine Cho Street Address (P.O. Box Number is Not Acceptable) 9814 Kilgore Road City Orlando FL Zip Code 32836																						
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																										
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																										
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES																						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

2/3/06 407 158 2016