

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115942

FILED
Feb 07, 2006
Secretary of State

Entity Name: ELAYNE HANSEN STUCCO PLASTERING CONTRACTOR, L.L.C.

Current Principal Place of Business:

114 INDIANA PLACE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

114 INDIANA PLACE
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANSON, ELAYNE
114 INDIANA PLACE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

HANSEN, ELAYNE
114 INDIANA PLACE
LEHIGH ACRES, FL 33936 US

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: ELAYNE HANSEN

02/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HANSON, ELAYNE
Address: 114 INDIANA PLACE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: HANSON, GERALD M
Address: 114 INDIANA PLACE
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANSEN, ELAYNE
Address: 114 INDIANA PLACE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM (X) Change () Addition
Name: HANSEN, GERALD M
Address: 114 INDIANA PLACE
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the 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: ELAYNE HANSEN

MGR

02/07/2006

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