

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95000000326**

1. Entity Name  
**HANKINS BUSINESS MANAGERS, L.C.**



Principal Place of Business  
**2708 S. PENINSULA DR.  
DAYTONA BEACH, FL 32118**

Mailing Address  
**2708 S. PENINSULA DR.  
DAYTONA BEACH, FL 32118**



04262005No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3310395</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HANKINS, CRAIG M  
2708 S. PENINSULA DR.  
DAYTONA BEACH, FL 32118**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANKINS, CRAIG M 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM HANKINS, SHARON T 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MAHLON T. TUCK, TRUSTEE 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118
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05/02/05-80077-009 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Craig M. Hankins*    **HANKINS C.M. 4.28.05**    **386 - 871-7185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #