

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000326

FILED
Apr 27, 2009
Secretary of State

Entity Name: HANKINS BUSINESS MANAGERS, L.C.

Current Principal Place of Business:

2708 S. PENINSULA DR.
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

2708 S. PENINSULA DR.
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3310395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANKINS, CRAIG M
2708 S. PENINSULA DR.
DAYTONA BEACH, FL 32118 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: HANKINS, CRAIG M
Address: 2708 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MEM (X) Delete
Name: HANKINS, SHARON T
Address: 2708 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MEM (X) Delete
Name: MAHLON T. TUCK, TRUSTEE
Address: 2708 S. PENINSULA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG M HANKINS

MGRM

04/27/2009

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