

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

03-25-2003 90053 033 ****50.00
L95000000326

DOCUMENT # **L95000000326**

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



FILED

03 APR -2 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3310395**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGRM	HANKINS, CRAIG M	2708 S. PENINSULA DRIVE	DAYTONA BEACH FL 32118	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	HANKINS, SHARON T	2708 S. PENINSULA DRIVE	DAYTONA BEACH FL 32118	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MEM	MAHLON T. TUCK, TRUSTEE	2708 S. PENINSULA DRIVE	DAYTONA BEACH FL 32118	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **REQUIRED**

5-19-03

386-258-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)