

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

DOCUMENT # L99000000114

00 MAY -9 AM 10:32

1. Entity Name
HANNA CONSULTING, L.L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5276-1 CHASE DRIVE BOX 64 FERNANDINA BEACH FL 32034	Mailing Address 5276-1 CHASE DRIVE BOX 64 FERNANDINA BEACH FL 32035-0064
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2. Principal Place of Business 5236-3 SEA CHASE DR. Suite, Apt. #, etc.	3. Mailing Address 5236-3 SEA CHASE DR. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State FERNANDINA BEACH FL	City & State FERNANDINA BEACH FL
Zip 32034	Zip 32034
Country	Country

4. FEI Number 52-2146374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNA, EDWARD
5261-CHASE DRIVE
BOX 64
FERNANDINA BEACH FL 32034

Name HANNA, EDWARD
Street Address (P.O. Box Number is Not Acceptable) 5236-3 SEA CHASE DR.
City FERNANDINA BEACH FL
Zip Code 32034

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.

SIGNATURE *Edward C Hanna*

DATE 5/1/00

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNA, EDWARD 5276-1 CHASE DRIVE, BOX 164 FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNA, EDWARD 5236-3 SEA CHASE DR. FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Edward C Hanna* REQUIREE EDWARD C HANNA 5/1/00 904 277 2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/1/01)