

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Jan 25, 2001 08:00 AM  
Secretary of State**

**DOCUMENT # L00000005065**  
 1. Entity Name  
 HSB LLC

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>767 ARTHUR GODFREY ROAD<br>MIAMI BEACH FL 331403413 | Mailing Address<br>767 ARTHUR GODFREY ROAD<br>MIAMI BEACH FL 331403413 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                                       |                                                           |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|               |                                                                   |
|---------------|-------------------------------------------------------------------|
| 4. FEI Number | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
|---------------|-------------------------------------------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

**6. Name and Address of Current Registered Agent**  
 STEINBERG RICHARD LESQ  
 767 ARTHUR GODFREY ROAD  
 MIAMI BEACH FL 331403413

**7. Name and Address of New Registered Agent**  
 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.

SIGNATURE \_\_\_\_\_ DATE **01/25/2001**  
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**

|                                                |                                 |
|------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

**10. ADDITIONS / CHANGES**

|                                                |                                                                                       |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STEINBERG RICHARD LESQ<br>767 ARTHUR GODFREY ROAD<br>MIAMI BEACH FL 331403413 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:** Richard L. Steinberg **mgrm** 01/25/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)