

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Sep 05, 2008  
Secretary of State**

DOCUMENT# L00000005065

Entity Name: HSB LLC

**Current Principal Place of Business:**

767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 331403413

**New Principal Place of Business:**

**Current Mailing Address:**

767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 331403413

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STEINBERG, RICHARD L ESQ  
767 ARTHUR GODFREY ROAD  
MIAMI BEACH, FL 331403413 US

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:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      STEINBERG, RICHARD L ESQ  
Address:                      767 ARTHUR GODFREY ROAD  
City-St-Zip:                      MIAMI BEACH, FL 331403413

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: RICHARD L. STEINBERG

MGRM

09/05/2008

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