


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000024461**

1. Entity Name  
 HJB, LLC



Principal Place of Business  
 1140 ANDERSON STREET  
 CLERMONT, FL 34711 US

Mailing Address  
 1140 ANDERSON STREET  
 CLERMONT, FL 34711 US

**DO NOT WRITE IN THIS SPACE**



01052005No Chg-LLC      CR2E083 (10/03)

4. FEI Number  
 04-3736758

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENTZON, HANS J  
 1140 ANDERSON STREET  
 CLERMONT, FL 34711

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

UN00000325079  
 04/23/05-80001-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENTZON, HANS J 1140 ANDERSON STREET CLERMONT, FL 34711
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE