


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90351 038 ****50.00

DOCUMENT # L05000087226 1. Entity Name HB MANAGEMENT SERVICES, LLC					
Principal Place of Business 260 CRANDON BOULEVARD NO. 8 KEY BISCAINE, FL 33149 US			Mailing Address P.O. BOX 1373 KEY BISCAINE, FL 33149 US		
2. Principal Place of Business - No P.O. Box # 1401 Brickell Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. 320		Suite, Apt. #, etc.			
City & State Miami, FL		City & State		4. FEI Number NOT APPLICABLE	
Zip 33131		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKES, MARILYN RA 260 CRANDON BOULEVARD NO. 8 KEY BISCAINE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Ave #320 City Miami FL Zip Code 33131		
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 <u><i>Marilyn Brookes</i></u> Marilyn Brookes 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUMBERGER, HANS 260 CRANDON BLVD. SUITE 8 KEY BISCAINE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1401 Brickell Ave #320 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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: <u><i>Hans Baumberger</i></u> Hans Baumberger 4/26/07 3653673 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date Daytime Phone #		