FILED
Sep 08, 2003 8:00 am
Secretary of State
09-08-2003 90078 001 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000288

1. Entity Name
HB INVESTMENTS, LLC

90154838

Principal Place of Business
215 FIFTH STREET, SUITE 306
WEST PALM BEACH, FL 33401

Mailing Address
215 FIFTH STREET, SUITE 306
WEST PALM BEACH, FL 33401

[redacted]

2. Principal Place of Business: 3540 Forest Hill Blvd
Suite, Apt. #, etc.: #203
City & State: W PAlm Beach Fl
Zip: 33406 Country: USA

3. Mailing Address: 3540 Forest Hill Blvd
Suite, Apt. #, etc.: #203
City & State: W PAlm Beach Fl
Zip: 33406 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0981545 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HEATON, LINN D 215 FIFTH STREET, SUITE 306 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Linn D Heaton 3540 Forest Hill Blvd #203 W PAlm Bch Fl 33406 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER RAY BASHA 3845 SW 111th Way DAVIE Fl 33328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Linn D. Heaton 9/4/03 561.433.4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #