

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000312

1. Entity Name
HB LIMITED CO.



Principal Place of Business
**% BRICE BUSINESS GROUP
5517 S.W. 69TH TERRACE
GAINESVILLE, FL 32608**

Mailing Address
**% BRICE BUSINESS GROUP
5517 S.W. 69TH TERRACE
GAINESVILLE, FL 32608**



01072004 No Chg-LLC — CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643547

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, DAVID M
% BRICE BUSINESS GROUP
5517 S.W. 69 TERRACE
GAINESVILLE, FL 32608**

**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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
HAZEL M. BRICE REV TRUST
5517 S.W. 69TH TERRACE
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
COX, ALISON L
5517 SW 69 TERR
GAINESVILLE, FL 32608**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000011534
01/23/04-80041-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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: David M. Miller Manager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/1/04

Date

(352) 372-7736

Daytime Phone #