2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006191

1. Entity Name
HKMB, LLC

Principal Place of Business	Mailing Address
1666 KENNEDY CAUSEWAY STE #610 MIAMI, FL 33141	1666 KENNEDY CAUSEWAY STE #610 MIAMI, FL 33141

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #. etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

02272007   Chg-LLC   CR2E083 (12/06)

4. FEI Number	Applied For
65-1015424	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMS, BAMBI 1666 KENNEDY CAUSEWAY STE 610 MIAMI, FL 33141	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

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 KONCKIAN, HANA 1666 KENNEDY CAUSEWAY #610 NORTH BAY VILLAGE, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Henri Konckier	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, BAMBI 1666 KENNEDY CSWY. #610 N. BAY VILLAGE, FL 33141	☐ 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
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

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: _Bambi_ Mgr. Bambi Sims   3/6/07   305 868 5881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #