


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013327
 1. Entity Name
 HBN HOLDINGS, LLC



Principal Place of Business
 6965 CALLE DEL PAZ
 BOCA RATON, FL 33433

Mailing Address
 6965 CALLE DEL PAZ
 BOCA RATON, FL 33433



04062004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
 65-1051085

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CUPELLI, ROBERT
 6965 CALLE DEL PAZ
 BOCA RATON, FL 33433

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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 re-registering)


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

000000106455
 04/08/04-80015-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OM CUPELLI, ROBERT 21639 NAPA CT. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOM CUPELLI, RICHARD 780 JEFFERY ST., #4 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOM CUPELLI, JOSEPH 6965 CALLE DEL PAZ BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  Robert Cupelli 4-6-04 581 447 4344