


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 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
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04022006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1051085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent's signature required when rechartering) _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

1100001508907
04/28/06-80024-010 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	

DO NOT WRITE IN THIS SPACE

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:  Robert Cupelli 4-10-06 919-741-2740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #