


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2006 8:00 am
Secretary of State

05-18-2006 90042 007 ***150.00

DOCUMENT # L00000013675 1. Entity Name HESSBURG, LLC	
--	---

Principal Place of Business 548 US HWY 27 SUITE C MINNEOLA, FL 34715	Mailing Address 548 US HWY 27 SUITE C MINNEOLA, FL 34715
--	--

DO NOT WRITE IN THIS SPACE



03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3714606	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

**BOYETTE, K. WADE ESQ
1635 E. HWY 50
SUITE 300
CLERMONT, FL 34711**

**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.

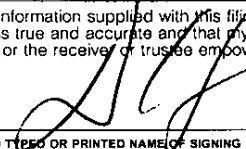
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HESSBURG, DANIEL J 1956 BRANTLEY CIRCLE MINNEOLA, FL 34715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M REVO, LLC 713 TROMBLEY CROSS POINTE, MI 48230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **4/26/06** **352-394-1194**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #