2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

FILED Mar 06, 2006 08:00 AM Secretary of State

AITHUAL ILLI VILI	Secretary of S	tate
DOCUMENT # L00000015567 1. Entity Name HEBA COMPANY, L.L.C.		
Principal Place of Business Mailing Address 706 W. PLATT STREET 706 W. PLATT STREET TAMPA, FL 33606 TAMPA, FL 33606	A ARENTAN EN BENN DENN BENN BENN BENN BENN BENN	{{
DO NOT WRITE IN THIS SPA	59-3698952	Applied For Not Applicable Additional
6. Name and Address of Current Registered Agent ZAKHARY, ATEF 706 W. PLATT STREET TAMPA, FL 33606	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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered agent and title if apolicable. (https://depistered Agent signature required when rehistating) Date Filling Fee is \$50.00 Due by May 1, 2006 100/15/05-80041-020 50.00		
SITE MGR ZAKHARY, HEBA SHEEL ADDRESS CIY-SI-JP TAMPA, FL 33606 TITLE MGR ZAKHARY, ATEF TAMPA, FL 33606 TITLE MGR ZAKHARY, ATEF SIRELI ADDRESS CITY-SI-JP TAMPA, FL 33606 SITLE NAME SIRELI ADDRESS CITY-SI-JP TITLE NAME SIRELI ADDRESS CITY-SI-JP TITLE NAME SIRELI ADDRESS CITY-SI-JP TITLE NAME SIRELI ADDRESS CITY-SI-JP HILE NAME SIRELI ADDRESS CITY-SI-JP HILE NAME	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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2/28/06

Daytime Phone 8