2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					Mar 02, 2005 8:00 am			
DOCUMENT # L01000004727					Secretary of State 03-02-2005 90014 011 ****50.00			
H & B, LL	С		B					
Principal Plac	e of Business	Mailing Address	٠,					
4200 4TH STREET NORTH, STE. D ST PETERSBURG FL 33703		4200 4TH STREET NORTH, STE. D ST PETERSBURG FL 33703				да 34-г	. 14	•
2. Principal Place of Business 11001 Danka Way N.		3. Mailing Address 11001 Danka Way N.						
Suite, Apt. #, etc. # 3		Suite, Apt. #, etc. #3			1st MOORE CR2E083 (10/04)			
City & Stat	etersburg, FL	City & State St. Petersbu	ra FI		4. FEI Number 59-37075	84		plied For t Applicable
^{/Zip} 33716	Country USA	Zip 33716	Country USA	1	5. Certificate of Status Desired	, _	\$5.00 Add	itional
	6. Name and Address of Current R	egistered Agent			7. Name and Address of Nev		•	
Name Michael					E. Barger			
420	IGER, MICHAEL E O 4TH STREET NORTH, STE. PETERSBURG FL 33703	D	Stre	et Address (Address (P.O. Box Number is Not Acceptable) 01 Danka Way N.			
311	FIENSBUNG FL 33703		#3	!				
			City	St. Pe	tersburg	FL	Zip Code 3 3 7 1	6
	named entity submits this statement for	the purpose of changing its re				Florida. I am		
the obligat	ions of registered agent	_ 11			Rages	سي ر	Λ-	
SIGNATURE	Signature, typed or printed name of Vorstey Signature	d title if applicable (NOTE F	CHAEL Registered Agent s	gnature required	when reinstailing)	2-15- DATE	-03	
		Programme and the second	Will FEE IS	\$ \$50 M				
		Make Check Payable		* 52 S C, 200	nt of State			
		Due l	By May 1, 2	005	6 8 8 8 B			
9.	MANAGING MEMBER		10.	ı	ADDITION	IS/CHANGES		
TITLE NAME 3	MGR BARGER, MICHAEL E	☐ Delete	TITLE NAME				Change	Addition
•	4200 4TH STREET NORTH, STE. D	•	STREET ADDRE	ss 110	01 Danka Way N	., #3		
CITY: ST-ZIP	ST PETERSBURG FL 33703		CITY-ST-ZIP	St.	Petersburg, F	Ն 337	16	
TITLE	MGRM	☐ Detete	TITLE				X Change	Addition
NAME STREET ADDRESS	BARGER, MICHAEL E 4200 4TH ST N STE D		NAME STREET ADDRE	ss 110	01 Danka Way N	., #3		
CITY-ST-ZIP	SAINT PETERSBURG FL 33703		CITY-ST-ZIP	i i	Petersburg, F		6	
TITLE	MGRM	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	HOFFMAN, ARNOLD		NAME STREET ADDRE	cc				
CITY-ST-ZIP	415 L'AMBIANCE LONGBOAT KEY FL 34228		CITY-ST-ZIP	33				
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE	SS				
TATLE		☐ Delete	TITLE				Change	Addition
NAME			NAME	İ			_ ,	_
STREET ADDRESS			STREET ADDRE	SS				
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NAME		. Delete	NAME				- Annual	
STREET ADDRESS			STREET ADDRE	55				
CITY-ST-ZIP	portific that the information according to the	his filing door not smallful to at	CITY-ST-ZIP	atatad in C-	setion 110 07/3\(i) Florido Statuto	o I further c	diffu that that :-	formation
indicatéd	certify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	nat my signature shall have the	e same legal	effect as if n	nade under oath; that I am a ma	naging member	er or manage	r of the

SIGNATURE: MICHAEL E. BALGEL 2.15-05 717.520-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description Proper #