2006-EIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L01000004727 1. Entity Name					FILED SECRETARY OF STATE DIVISION FERGAPORATIONS		
H & B, LL	С				06 FEB 23 AI		
Principal Place of Business Mailing Address					0016020		
			שדםר				
UNIT #3	CA WAY NORTH	11001 DANKA WAY NORTH UNIT #3				III AFAN KAAN KAN KAN	TERI BI IERI
SAINT PETERSBURG FL 33716 US		SAINT PETERSBURG FL 33716 US		5			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)		
City & State		City & State			4. FEI Number Applied For Not Applicable		
Žip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registere	d Agent	
				Name			
BARGER, MICHAEL E 11001 DANKA WAY NORTH				Street Address (P.O. Box Number is Not Acceptable)			
_UNIT #3 SAINT PETERSBURG FL 33716							<u> </u>
				City	City FL Zip Code		le
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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE							
Fig. 1. (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
Due By May 1, 2006							
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CITY-ST-ZIP				-ST-ZIP			Va
	l	this filing does not qualify for	_#		ed in Section 119, Florida Statutes, Liturbor o	ertify that the	information
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.							

MICHAELE. BARGER 1-26.06 727-520-7711

E AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Described Prince #