

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000005276**

1. Entity Name  
**H & B PROPERTIES, LLC**



Principal Place of Business  
**6200 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614**

Mailing Address  
**6200 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33614**



03292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3710633**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLOOM, JEFFREY H  
14016 LAKE BLUFF COURT  
TAMPA, FL 33624**

**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 reconstituting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **BLOOM, JEFFREY H**  
STREET ADDRESS **14016 LAKE BLUFF COURT**  
CITY - ST - ZIP **TAMPA, FL 33624**

TITLE **P**  
NAME **HAUBENSTOCK, STEVEN A**  
STREET ADDRESS **506 LUCERNE**  
CITY - ST - ZIP **TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/12/07-80009-005 50.00

**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 606, Florida Statutes.

**SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Jeffrey H. Bloom 4/3/07 813 477 4032**