


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
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
---	---

DO NOT WRITE IN THIS SPACE



04022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3710633	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 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 reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

1000000381302
04/15/08-80096-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLOOM, JEFFREY H 14016 LAKE BLUFF COURT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAUBENSTOCK, STEVEN A 506 LUCERNE TAMPA, FL 33606
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  **Jeffrey H Bloom** **4/2/08** **813-884-8474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #