2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 27, 2006 08:00 AM DOCUMENT # L02000005395 Secretary of State 1. Entity Name HB INVESTMENT COMPANY OF LONGWOOD, LLC Principal Place of Business Mailing Address 840 WATERWAY PLACE LONGWOOD FL 32750 840 WATERWAY PLACE LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 02-0562798 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE., SUITE 1100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 Zip Code 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, type-d or printed name of regressed agent and talled applicable (NOTE, Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS ta. ADDITIONS/CHANGES TITLE MGR ☐ Detete TITLE ☐ Change ☐ Addison NAME HATTAWAY, JAMES M NAME STREET ADDRESS 840 WATERWAY PLACE STREET ADDRESS U00000447288 CITY-ST-ZIP LONGWOOD FL 32750 CITY - ST-ZIP 402.406 - 30048 - 02 TITLE ☐ Delete ME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP THE ☐ Delete TATLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C13Y-ST-Z3P CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIRE ☐ Delete TITLE ☐ Change $\square A$ NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE □ Detete DELE ☐ Change Asid: NAME NAME STREET ADDRESS STREET ADDRESS C33Y-ST-23F CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling indicated on this report is true and accurate and that my limited liability company or the receiver or trastee dripping. Of waiting or the exemptions contained in Section 119. Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 508, Florida Statutes.

I.M. NATTAWAY

SIGNATURE: _

FILED

2/24/06 407-831-2508