

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021332

Entity Name: HEPS, LLC

**FILED**  
**Feb 04, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

616 NW 2ND AVENUE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

616 NW 2ND AVENUE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 05-9388971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEINBERGER, MICHAEL  
3500 SALT OCEAN DR  
#2412  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCHUBERT, PETER  
Address: 1221 N.E. 9TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCHUBERT, PETER  
Address: 616 NW 2ND AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER SCHUBERT

MGRM

02/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date