

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000021332

**FILED**  
**Apr 21, 2006**  
**Secretary of State**

**Entity Name:** HEPS, LLC

**Current Principal Place of Business:**

P.O. BOX 613951  
NORTH MIAMI, FL 332613951 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 613951  
NORTH MIAMI, FL 332613951 US

**New Mailing Address:**

**FEI Number:** 56-2307299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEINBERGER, MICHAEL  
3500 GALT 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHUBERT, PETER  
Address: 616 NW 2 AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/21/2006

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