

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90123 030 \*\*\*\*50.00

<b>DOCUMENT # L02000029145</b>					
<b>1. Entity Name</b> HUME ENTERPRISES, LLC					
<b>Principal Place of Business</b> 4540 N.W. 107TH AVENUE, #308 MIAMI, FL 33178			<b>Mailing Address</b> 4540 N.W. 107TH AVENUE, #308 MIAMI, FL 33178		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 68-0532956	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUME, AARON C 4540 N.W. 107TH AVENUE, #308 MIAMI, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b> SIGNATURE: <span style="float: right;">4-29-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HUME, AARON 4540 N.W. 107TH AVENUE, #308 MIAMI, FL 33178 <span style="float: right;"><input checked="" type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	HUME, AARON 3912 NW 58th St MIAMI, FL 33166 <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>	
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b>			4-29-05 305 332 2873		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		