2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANNUAL REPORT						SECON TO	ILLU		
DOCUMENT # L03000015231						SECRETARY OF STATE DIVISION OF CORPORATIONS				
1. Entity Nam HUB CON		NTALS, LLC					04 OCT -	5 PM	1:26	
Principal Place of Business Mailing Address										
18223 SHAW HAGERSTOW		40-2443	18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740-2443							
					···					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			09302004	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			4. FEI Number	20-168702	9		plied For t Applicable
Zip		Country	Zīp	Coun		5. Certificate of	d Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current R	legistered Agent	N	7. Name and Address of New Registered Agent					
GREGORY, C. NEIL ESQ 850 PARK SHORE DRIVE, 3RD FL			-		Name Street Address (P.O. Box Number is Not Acceptable)					
NAPLES, F				Out of Autoress				, <u> </u>		
					City			FL	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agniture required when reinstating) DATE										
Only among space or prince rate in registration against and not a specialists. It is not considered Again applicate (Again ap										
Fil Due t	ing Fee i by Septer	s \$50.00 nber 8, 2004				capartos Cepartos	ayable to ent of State	Second S		
9.		MANAGING MEMBER		10.			ADDITIONS/	CHANGES		
TITLE NAME	Manager ☐ Delete II Abbud S. Dahbura				· I				Change	Addition
STREET ADDRESS 18223 Shawley Drive			STREET ADORS		-	; =	:DOD4:	IEO	638	8
CHY-SI-ZIP Hagerstown, MD 217			40-2443 city		-ST-ZIP	107(:0004 35/04010	430	<u> 119 **</u>	<u>so.oo</u>
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STREET ADDRESS				STRE	ET ADDRESS - ST-ZIP					
	certify that th	e information supplied with I	this filing does not quality for			ection 119 07(3V6)	Florida Statutes	further cer	tify that the in	Iomatico
11. I hereby certify that the information supplied with this filling floes 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 shapmave the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to except this report as required by Chapter 608, Florida Statutes.										
Abbud S. Dabburg Managar 0/20/04/201/700 1660										
Abbud S. Dahbura, Manager 9/30/04 301/790-1660 SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Object Proces										