


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015231 1. Entity Name HUB CONDO RENTALS, LLC	
----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740-2443	Mailing Address 18223 SHAWLEY DRIVE HAGERSTOWN, MD 21740-2443
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1687029	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREGORY, C. NEIL ESQ 850 PARK SHORE DRIVE, 3RD FL NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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.

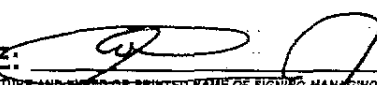
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAHBURA, ABBUD S 18223 SHAWLEY DRIVE HAGERSTOWN, MD 217402443
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000531612 05/06/06-80045-017 500.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  **04/19/06** **301-790-1660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #