

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024495

**FILED**  
**Apr 19, 2007**  
**Secretary of State**

**Entity Name:** HABCO SERVICES GROUP LLC

**Current Principal Place of Business:**

11595 KELLY ROAD  
106  
FT. MYERS, FL 339082539 US

**New Principal Place of Business:**

15880 SUMMERLIN ROAD  
300-169  
FT. MYERS, FL 33908 US

**Current Mailing Address:**

11595 KELLY ROAD  
106  
FT. MYERS, FL 339082539 US

**New Mailing Address:**

15880 SUMMERLIN ROAD  
300-169  
FT. MYERS, FL 33908 US

**FEI Number:** 86-1073007

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUTLER, BRAD JR  
11595 KELLY ROAD  
106  
FT. MYERS, FL 339082539 US

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

BUTLER, BRAD JR  
15880 SUMMERLIN ROAD  
300-169  
FT. MYERS, FL 33908 US

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: \_\_\_\_\_

04/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BUTLER, BRAD  
Address: 215 ALBATROSS STREET  
City-St-Zip: FT. MYERS BEACH, FL 33931 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BUTLER, BRAD JR  
Address: 15880 SUMMERLIN RD SUITE 300-169  
City-St-Zip: FT. MYERS, FL 33908 US

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: BRAD BUTLER JR.

MBR

04/19/2007

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