

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000028347**

1. Entity Name  
**ROSS MATZ INVESTMENTS HB, LLC**



Principal Place of Business

**3325 SOUTH UNIVERSITY DRIVE, SUITE 210  
DAVIE, FL 33328**

Mailing Address

**3325 SOUTH UNIVERSITY DRIVE, SUITE 210  
DAVIE, FL 33328**



04252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0125288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**MATZ, WILLIAM D  
3325 SOUTH UNIVERSITY DRIVE, SUITE 210  
DAVIE, FL 33328**

**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, 2005**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGR  
ROSS, BARRY  
3325 S. UNIVERSITY DRIVE, 210  
DAVIE, FL 33328**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGR  
MATZ, WILLIAM D  
3325 S. UNIVERSITY DRIVE, 210  
DAVIE, FL 33328**

TITLE  
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CITY-ST- ZIP

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CITY-ST- ZIP

U000000344009  
04/29/05-80118-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #