2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT:#L03000028347

1. Entity Name

ROSS MATZ INVESTMENTS HB, LLC



FILED
Mar 07, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE. FL 33328

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE. FL 33328



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired 55.00 Additional

6. Name and Address of Current Registered Agent

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

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| The above named entity submits this statement for the purpose of chang the obligations of registered agent. | jing its registered office or registered agent, or both | , in the State of Florida. I am familiar with, and accept |
|---|--|---|
| SIGNATURE | (NOTE, Registered Agent signature required when reinstating) | DATE |

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| TITLE | MGR |
|----------------|---|
| NAME | ROSS, BARRY |
| STREET ADDRESS | 3325 S. UNIVERSITY DRIVE, 210 |
| CITY-ST-ZIP | DAVIE, FL 33328 |
| TITLE | MGR |
| NAME | MATZ, WILLIAM D |
| STREET ADDRESS | 3325 S. UNIVERSITY DRIVE, 210 |
| CITY+ST-ZIP | DAVIE, FL 33328 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| 11. I hereby | certify that the information supplied with this filling does not qualify for the ex |

MANAGING MEMBERS/MANAGERS

DO NOT WRITE
IN THIS SPACE

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.

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

1-18-08

954-452-5000

Daytime Phone #