2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Apr 29, 2005 08:00 AM DOCUMENT # L03000028681 **Secretary of State** RM-NA HB FOUR OFFICE BUILDING, LLC Mailing Address Principal Place of Business 🖺 3325 SOUTH UNIVERSITY DRIVE, STE. 210 3325 SOUTH UNIVERSITY DRIVE, STE. 210 **DAVIE, FL 33328 DAVIE, FL 33328** 04252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, STE. 210 **DAVIE, FL 33328** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE RM-NA HB DEVELOPMENT, LLLP NAME STREET ADDRESS 3325 S. UNIVERSITY DRIVE, 210 U00000343981 04/29/05-80118-011 50.00 CITY-ST-ZIP **DAVIE, FL 33328** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 faccurate 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 of the receiver for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

Daytime Phone #