

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042632

FILED
Apr 07, 2004
Secretary of State

Entity Name: HBA, " LLC"

Current Principal Place of Business:

POST OFFICE BOX 54511
JACKSONVILLE, FL 322454511

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 54511
JACKSONVILLE, FL 322454511

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVINGOOD, LISA A
14865 PLUMOSA DR.
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LOVINGOOD, LISA A
Address: P.O. BOX 54511(14865 PLUMOSA DR)
City-St-Zip: JACKSONVILLE, FL 32242

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LOVINGOOD, LISA A
Address: P.O. BOX 54511
City-St-Zip: JACKSONVILLE, FL 32245

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA A LOVINGOOD MGR 04/07/2004

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