

FILED
May 11, 2005 8:00 am
Secretary of State

04-20-2005 90029 030 ***150.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000014107			
1. Entity Name HUMAR ENTERPRISES, LLC			
Principal Place of Business 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		Mailing Address 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		4. FEI Number	
5. Certificate of Status Desired		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HASTINGS, HUGH W. 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
MGR HASTINGS, HUGH W. 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		MGR HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
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MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411		MGRM HASTINGS, MARCIA T 2152 BELLCREST CIRCLE ROYAL PALM BEACH, FL 33411	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 authorized representative empowered to execute this report as required by Chapter 609, Florida Statutes.			
SIGNATURE:  HUGH W. Hastings		04-13-05 (305) 609 8669	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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