


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90028 028 \*\*\*\*50.00

<b>DOCUMENT # L04000016335</b>	
1. Entity Name HL D&B LLC	

Principal Place of Business 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963 US	Mailing Address 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963 US
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2. Principal Place of Business 1101 18TH PLACE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1477 Suite, Apt. #, etc.
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City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32960	Country USA
Zip 32961	Country USA

**20049873**



01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1467178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBERT, ROY H JR. 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963	
7. Name and Address of New Registered Agent Name LAMBERT, ROY H., JR. Street Address (P.O. Box Number is Not Acceptable) 1101 18TH PLACE City VERO BEACH FL Zip Code 32960	


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) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBERT, ROY H JR 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMBERT, ROY H., JR. 1101 18TH PLACE VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Roy H. Lambert, Jr.** (772) 778-8240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #