

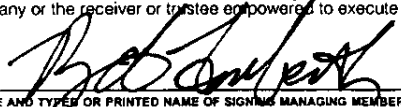


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90042 007 ****50.00

DOCUMENT # L04000016335 1. Entity Name HL D&B LLC					
Principal Place of Business 1101 18TH PLACE VERO BEACH, FL 32960 US			Mailing Address P.O. BOX 1477 VERO BEACH, FL 32961 US		
2. Principal Place of Business - No P.O. Box # 2935 20th Street		3. Mailing Address 2935 20th Street			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Vero Beach, FL		City & State Vero Beach, FL			
Zip 32960		Country USA		4. FEI Number 61-1467178	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		01032007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LAMBERT, ROY H JR. 1101 18TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name LAMBERT, ROY H. JR. Street Address (P.O. Box Number is Not Acceptable) 2935 20TH STREET 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, ROY H JR 1101 18TH PLACE VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, ROY H. JR. 2935 20TH STREET VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
SIGNATURE: 		Roy H. Lambert, Jr., Managing Member		4/19/07 (772) 778-8240	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					