2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020666

Title:

Name:

Address:

City-St-Zip:

MGRM

DUSSIA, PHYLLIS W

1626 RIGGINS ROAD

() Delete

TALLAHASSEE, FL 32308 US

Entity Name: HUBERT INVESTMENTS, LLC

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3717 WEST TACON STREET 3712 WEST CASS ST TAMPA, FL 33629 SUITE 17 TAMPA, FL 33609 **Current Mailing Address: New Mailing Address:** 3717 WEST TACON STREET 3712 WEST CASS ST TAMPA, FL 33629 SUITE 17 TAMPA, FL 33609 US FEI Number: 20-0870025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANE, LIA D LANE, LIA D 3717 WEST TACON STREET 3712 WEST CASS ST TAMPA, FL 33629 SUITE 17 TAMPA, FL 33609 US 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. 07/05/2007 SIGNATURE: LIA D LANE Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LANE. LIA D Name: Name: Address: 3717 WEST TACON STREET Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LANE, RUSSELL R Name: Address: 3717 WEST TACON STREET Address: City-St-Zip: TAMPA, FL 33629 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DUSSIA, EVAN E II Name: Name: 1626 RIGGINS ROAD Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: LIA D LANE RA 07/05/2007