


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

04-27-2005 90045 025 \*\*\*\*55.00

DOCUMENT # L04000021805

1. Entity Name  
DAVID F. HILLABUSH



**DO NOT WRITE IN THIS SPACE**

14002667

2. Principal Place of Business  
RAMBLEWOOD  
Suite, Apt. #, etc.  
3853 GALL BLVD.  
City & State  
ZEPHYRHILLS FL.  
Zip  
33542 Country  
PASCO

3. Mailing Address  
DAVID HILLABUSH  
Suite, Apt. #, etc.  
5521 18th ST  
City & State  
ZEPHYRHILLS, FL  
Zip  
33542 Country  
PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number  
84-1641949 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent  
Name DAVID HILLABUSH  
Street Address (P.O. Box Number is Not Acceptable)  
18th STREET 5521  
City ZEPHYRHILLS FL Zip Code 33542

**DO NOT WRITE  
IN THIS SPACE**

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 DAVID HILLABUSH DATE 4-12-05

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: David Hillabush Date 4-12-05 Daytime Phone # 813 7144642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)