

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90077 035 \*\*\*\*50.00

**20041366**



04262006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L04000022477</b>			
1. Entity Name <b>JOHN HUBER, LLC</b>			
Principal Place of Business <b>3218 SW 7TH AVE. CAPE CORAL, FL 33914</b>		Mailing Address <b>3218 SW 7TH AVE. CAPE CORAL, FL 33914</b>	
2. Principal Place of Business <b>2208 NW EMBERS TER</b>		3. Mailing Address <b>2208 NW EMBERS TER.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL FL</b>	
4. FEI Number <b>90-0215967</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33993</b>		Country	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HUBER, JOHN JR. 3218 SW 7TH AVE. CAPE CORAL, FL 33914</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2208 NW EMBERS TER.</b> City <b>CAPE CORAL FL</b> Zip Code <b>33993</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HUBER, JOHN JR. 3218 SW 7TH AVE. CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2208 NW EMBERS TER. CAPE CORAL FL 33993</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRA HUBER, STEPHEN J 3218 SOUTHWEST 7TH AVENUE CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2208 NW EMBERS TER. CAPE CORAL FL 33993</b>
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
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 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: <u>John Huber Jr.</u>		Date: <u>4/26/06</u> Daytime Phone #: <u>239-282-2309</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	