2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # L04000022696 1. Entity Name HERBERT STREET INVESTORS, LLC						04-27-2006 90018 004 ****50.00				
Principal Place of Business 912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114		Mailing Address 912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114								
2. Principal Place of Business 1515 HERBERT ST		3. Mailing Address 1515 HERBERT ST								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202006	Chg-LLC	CBSEU8	3 (11/05)		
SUITE 213 City & State		SUITE 213 City & State			4. FEI Numb	<u>-</u>	014200	<u> </u>	oplied For	
PORT ORANGE FL		PORT ORANGE FL		20-090			No	ot Applicable		
Zip 32129	Country	Zip 32129	Coun	try	5. Certificate	of Status Desired		5.00 Add ee Require		
	6. Name and Address of Current I	Registered Agent		News	7. Name and	d Address of New Rec	istered A	gent		
DUPONT, HEWITT J				Name DUPONT, HEWITT J						
DUPONT, HEWITT J 912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114				Street Address (P.O. Box Number is Not Acceptable) 1515 HERBERT ST STE 213						
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							FL	3292	- 1	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		**					DATE			
	lling Fee is \$50.00 ue by May 1, 2006	1 3 3					check pa	yable to nt of State	6	
		- 5 - 5	10.				check pa Departme	-	6	
9. TITLE	MANAGING MEMBER	- 5 - 5	10.	. MK	GR	Florida (check pa Departme HANGES	-	Addition	
9.	MANAGING MEMBE	RS/MANAGERS	10. TITLE NAMI STRE	MK E DI ET ADDRESS 1.	GR UPONT, HE 515 HERBE	ADDITIONS/CO WITT J RT ST STE 2	check pa Departme	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR DUPONT, HEWITT J 912 S RIDGEWOOD AVE, STE D	RS/MANAGERS	10. TITLE NAMI STRE	E DI ET ADDRESS 1.1 -ST-ZIP PO	GR UPONT, HE 515 HERBE ORT ORANG	ADDITIONS/CO WITT J RT ST STE 2 E FL 32129	check pa Departme HANGES	nt of State		
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR DUPONT, HEWITT J 912 S RIDGEWOOD AVE, STE D	RS/MANAGERS	10. TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS 1: ST-ZIP PO M E S ET ADDRESS 1	GR UPONT, HE 515 HERBE ORT ORANG IGR HELLEY, 3	ADDITIONS/CO WITT J RT ST STE 2: E FL 32129 JOHN A ert St Ste	check pa Departme HANGES 13	nt of State	Addition	
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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:

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

HEWITT J DUPONT

4/2**4**/06

386.322.2425

Date

Daytime Phone #