




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90018 004 \*\*\*\*50.00

<b>DOCUMENT # L04000022696</b> 1. Entity Name <b>HERBERT STREET INVESTORS, LLC</b>					
Principal Place of Business <b>912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114</b>			Mailing Address <b>912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114</b>		
2. Principal Place of Business <b>1515 HERBERT ST Suite, Apt. #, etc. SUITE 213</b>		3. Mailing Address <b>1515 HERBERT ST Suite, Apt. #, etc. SUITE 213</b>			
City & State <b>PORT ORANGE FL</b>		City & State <b>PORT ORANGE FL</b>		4. FEI Number <b>20-0908050</b>	
Zip <b>32129</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUPONT, HEWITT J 912 S. RIDGEWOOD AVENUE, SUITE D DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name <b>DUPONT, HEWITT J</b> Street Address (P.O. Box Number is Not Acceptable) <b>1515 HERBERT ST STE 213</b> City <b>PORT ORANGE FL 32129</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DUPONT, HEWITT J</b> <b>912 S RIDGEWOOD AVE, STE D</b> <b>DAYTONA BEACH, FL 32114</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>DUPONT, HEWITT J</b> <b>1515 HERBERT ST STE 213</b> <b>PORT ORANGE FL 32129</b> <input checked="" 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	MGR <b>SHELLEY, JOHN A</b> <b>1515 Herbert St Ste 213</b> <b>Port Orange, FL 32129</b> <input type="checkbox"/> Change <input checked="" 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	
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.					
<b>SIGNATURE:</b> 			<b>4/24/06 386.322.2425</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>HEWITT J DUPONT</b>			Date Daytime Phone #		