

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052234

Entity Name: HB&L, LLC

FILED  
Jul 11, 2006  
Secretary of State

**Current Principal Place of Business:**

551 WEKIVA LANDING DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

551 WEKIVA LANDING DR  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 20-1396029      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:**

LOVE, DIANA  
551 WEKIVA LANDING DR  
APOPKA, FL 32712      US

**Name and Address of New Registered Agent:**

BULLAS, JEREMY  
551 WEKIVA LANDING DR  
APOPKA, FL 32712      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.

SIGNATURE: JEREMY BULLAS

07/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LOVE, DIANA  
Address: 551 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL 32712

Title: MGR      ( ) Delete  
Name: BULLAS, JEREMY  
Address: 551 WEKIVA LANDING DR  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DIANA LOVE

MGR

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date