

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 026 \*\*\*\*50.00

DOCUMENT # L04000088891

1. Entity Name  
HASBROUCK INVESTMENTS, LLC



Principal Place of Business

501 36TH STREET  
WEST PALM BEACH, FL 33407

Mailing Address

501 36TH STREET  
WEST PALM BEACH, FL 33407

2. Principal Place of Business

426 9th Street

Suite, Apt. #, etc.

3. Mailing Address

C/O David Luther

Suite, Apt. #, etc.

617 Claremore Drive

03062006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1917754

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUTHER, DAVID H.  
501 36TH STREET  
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME LUTHER, DAVID H ☐ Delete  
STREET ADDRESS 501 36TH STREET  
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 617 Claremore Drive  
CITY-ST-ZIP W. Palm Beach, Fl. 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

David H. Luther, MGRM

X 3/24/06 X 561-433-9788

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

Date

Daytime Phone #