2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Jan 11, 2007 08:00 AM **DOCUMENT # L04000091312 Secretary of State** 1. Entity Name **HBLLC** Principal Place of Business Mailing Address 2807 W PRICE AVE #2 2807 W PRICE AVE #2 TAMPA, FL 33611 TAMPA, FL 33611 CR2E083 (11/05) 01082007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1994409 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BERGER, AARON J 2807 W PRICE AVE #2 TAMPA, FL 33611 IN THIS SPACE 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) Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGER, AARON 2807 W PRICE AVE #2 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMANIOUS, MICHAEL 2807 W PRICE AVE #2 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUMPUS, HAROLD 702 VALLEY FORGE BLVD. SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS *CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 trostee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE