

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006483

**FILED**  
**Apr 14, 2008**  
**Secretary of State**

**Entity Name:** HDBBN, L.L.C.

**Current Principal Place of Business:**

41 VILLAGE WALK DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 20-2238482      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BLDG. 100  
JACKSONVILLE, FL 32256 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: EBER, HARVEY  
Address: 9900 PRESTON TRAIL W.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: HARVEY EBER

M

04/14/2008

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