2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 20, 2006 8:00 am Secretary of State

1. Entity Name H.F.B. OF FLORIDA, LLC				03-21-2000	5 90296 C)42 ****.	50.00
Principal Place of Business	Mailing Address						
9585 57TH STREE VERO BEACH FL 32967-6846-	P.O. BOX 690386 VERO BEACH FL 32969-0386						
2. Principal Place of Business PO Box 690386				TATAN BA BASAN BAN BAR CO	II. OBITA OTETA IIIII.	11 III ESTE: \$111 B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1	st MOORE	CR2E083	(10/05)		
Vero Beach FL	City & State		4. FEI Nurt)-2725	355	-	pplied For
7 Zip Country 3291691-0386 USA	Zip Country		5. Certilica	ite of Status Desired	0	\$5.00 Ad	(ditional
6. Name and Address of Current Re	egistered Agent	Name	7. Name a	nd Address of New	Registered /	Agent	
GARRIS, CHARLES E 819 BEACHLAND BLVD. VERO BEACH FL 32963							
			Street Address (P.O. Box Number is Not Acceptable)				
		City					
8. The above gained entity submits the statement for	ha number of changing in to	City			FL	Zip Cox	
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 Bigrieums, typinal or priviled realine of represent against since	o tille il applicable. (NOTE Pe	идиления Адиня видплятие нес	pured where spince yang)		DATE	<u> </u>	
		/!!! FEE IS \$50.0					
	Make Check Payable Due E	to Florida Depart By May 1, 2006					
9 MANAGING MEMBER		10.		ADDITIONS	/CHANGES		
MILE MGRM MERAN GLENNE	Delete.	UTLE				Change	Addition
STREET ADDRESS P.O. BOX 690386		name Street adoress					
CITY-ST-ZIP VERO BEACH FL 32969-0386 TITE MGRM	□ Oelete	TITLE			<u> </u>	Charac	/ Lagran
NAME HERAN, DEAN C	□ Drece	NAME				☐ Change	Addition
STREET ADDRESS P.O. BOX 690386 CITY-S1-ZIP VERO BEACH FL 32969-0386		STREET ADORESS CITY-ST-2IP					ļ
TITLE TO THE SECOND SEC	☐ Detete	TOTOLE				☐ Chænge	☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP					j
TITLE NAME	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS		STREET ADDRESS					
TITLE	☐ Defete	CITY-SI-ZIP TITLE				Channe	Addison
NAME	C) Desce	NAME				☐ Change	Addition
STREET ADDRESS { City-St-21P		STREET ADDRESS CITY-ST-ZIP					
ITTLE	☐ Delete	ntle			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME SIREELADORESS		NAME STREET ADORESS					
CITY - ST- ZPP		CITY-ST-ZP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.							
November 18 11 A		. Ida		3/1/	(20))->	100
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prome &							