


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-21-2006 90296 042 ****50.00

| | | |
|---|--|---|
| DOCUMENT # L05000039656 | |  |
| 1. Entity Name H.F.B. OF FLORIDA, LLC | | |

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|---|--|
| Principal Place of Business 8985 57TH STREET VERO BEACH FL 32967-6846 | Mailing Address P.O. BOX 690386 VERO BEACH FL 32969-0386 |
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|--|-----------------------|---------------------|---------|
| 2. Principal Place of Business PO Box 690386 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Vero Beach FL | | City & State | |
| Zip 32969-0386 | Country USA | Zip | Country |

1st MOORE CR2E083 (10/05)

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GARRIS, CHARLES E 819 BEACHLAND BLVD. VERO BEACH FL 32963 | |
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|---|--|
| 4. FEI Number 20-2725355 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

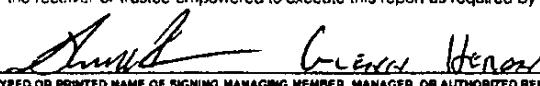
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HERAN, GLENN F P.O. BOX 690386 VERO BEACH FL 32969-0386 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HERAN, DEAN C P.O. BOX 690386 VERO BEACH FL 32969-0386 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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.

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|--|----------------------|--|
| SIGNATURE:  | Date: 3/14/06 | Daytime Phone #: (772) 770-6424 |
|--|----------------------|--|