## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000046444

Entity Name: HB & SONS PROPERTIES, LLC

FILED Feb 10, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5137 MT. PLYMOUTH ROAD APOPKA, FL 32712

**Current Mailing Address: New Mailing Address:** 

5137 MT. PLYMOUTH ROAD P.O. BOX 1105

APOPKA, FL 32712 APOPKA, FL 32704 US

FEI Number: 20-2815663 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WATSON, HORACE B JR 5137 MT. PLYMOUTH ROAD APOPKA, FL 32712

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:

ADDITIONS/CHANGES:

Title: () Change () Addition () Delete WATSON, HORACE B JR Name: Name:

Address: 5137 MT. PLYMOUTH ROAD Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change ( ) Addition Name:

WATSON, HORACE L Name: WATSON, GLEN M Address: 724 SHADY LANE DRIVE Address: 1781 PARK GLEN CIRCLE City-St-Zip: ORLANDO, FL 32804 City-St-Zip: APOPKA, FL 32712

Title: MGR (X) Delete Title: () Change () Addition

WATSON, GLEN M Name: Name: 1781 PARK GLEN CIRCLE Address: Address: City-St-Zip: APOPKA, FL 32712 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: HORACE B. WATSON, JR. 02/10/2008