

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064864

Entity Name: HIBBERT HOLDINGS LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

164 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

10794 PINES BOULEVARD
BLDG 1- SUITE 103
PEMBROKE PINES, FL 33026

Current Mailing Address:

164 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

10794 PINES BOULEVARD
BLDG 1 - SUITE 103
PEMBROKE PINES, FL 33026

FEI Number: 42-1676050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HIBBERT, CONRAD
164 N UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

HIBBERT, CONRAD
10794 PINES BOULEVARD
BLDG 1 - SUITE 103
PEMBROKE PINES, FL 33026 US

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: _____

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HIBBERT, CONRAD N
Address: 164 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: DMD (X) Change () Addition
Name: HIBBERT, CONRAD V
Address: 10794 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33026

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: CONRAD V. HIBBERT

DMD

05/01/2007

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