

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067906

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: HBC USA, LLC

**Current Principal Place of Business:**

C/O PABLO ALBERTO HERNANDEZ-BOHMER  
4422 FOXTAIL LANE  
WESTON, FL 33331

**New Principal Place of Business:**

2800 GLADES CIRCLE  
136  
WESTON, FL 33327

**Current Mailing Address:**

C/O PABLO ALBERTO HERNANDEZ-BOHMER  
4422 FOXTAIL LANE  
WESTON, FL 33331

**New Mailing Address:**

2800 GLADES CIRCLE  
136  
WESTON, FL 33327

FEI Number: 81-0678627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ-BOHMER, PABLO ALBERTO  
4422 FOXTAIL LANE  
WESTON, FL 33331 US

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

GERSTEIN & GERSTEIN ATTORNEYS, P.A.  
700 S FEDERAL HWY  
200  
BOCA RATON, FL 33432 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: WILLIAM GERSTEIN

01/04/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ-BOHMER, PABLO ALBERTO  
Address: 4422 FOXTAIL LANE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HERNANDEZ-BOHMER, PABLO ALBERTO  
Address: 2800 GLADES CIRCLE, STE 136  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: PABLO ALBERTO HERNANDEZ-BOHMER

MGRM

01/04/2006

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