FILED Apr 14, 2006 8:00 am Secretary of State 04-14-2006 90033 043 ****55.00

ANNUAL REPORT					
CUMENT # L05000094453					
Name ESTROADS HOLDINGS LLC					

DOCUMENT # L05000094453 1. Entity Name HB WESTROADS HOLDINGS, LLC				04-14-2006 90033 043 ****55.00			
Principal Place of Business 1696 OLD OKEECHOBEE ROAD # 3-B WEST PALM BEACH, FL 33409 US Mailing Address 1696 OLD OKEECHOBEE R # 3-B WEST PALM BEACH, FL 33409				I INDICAL AND AND HILL BANK BANK AND HELD BEIN BEIN BEIN BEIN BEIN BERN BIND BIND		1 14 1 III 1 11 1	
Suite, Apt.	lace of Business WESTROADS DRIVE #, etc.	3. Mailing Address メリンダ しょうべっか Suite, Apt. #, etc. ン , よ	ر بر کر ده	03212006	Chg-LLC	CR2E083 (11/05)	
City & State	Pour Beace A	City& State	Sec A	4. FEI Numb	95166	9 No	oplied For ot Applicable
Zip 334		33407 3	Country Ber	c4	of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New R	legistered Agent	
DELISI, MARTIN V 4361 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410			Street Address (P.O. Box Number is Not Apceptable)				
			Cita				
	named entity submits this statement for ions of registered agent.	the purpose of changing its reg	gistered office or reg	jistered agent, or bo	th, in the State of Flo	7 5	
SIGNATURE .							
	Signature, typed or printed name of registered agent an	од ште (гаррясаріе. — {INOTE: Re	gistered Agent signature re	quired when reinstating)		DATE	
	ling Fee is \$50.00 ue by May 1, 2006					e check payable to a Department of State	e .
9.	ue by May 1, 2006 MANAGING MEMBER		10.			Department of State	
9.	MANAGING MEMBER	IS/MANAGERS	TITLE		Florida	a Department of State	e Addition
9.	ue by May 1, 2006 MANAGING MEMBER				Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	MANAGING MEMBER MGR BROWN, DAVID A 17661 BRIDLE LANE JUPITER, FL 33478 MGR		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Florida	Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR BROWN, DAVID A 17661 BRIDLE LANE JUPITER, FL 33478 MGR BROWN, MARIA	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		Florida	Department of State (CHANGES Change	☐ Addition
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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.