


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90358 012 \*\*\*\*50.00

<b>DOCUMENT # L05000100685</b> 1. Entity Name HB MANAGEMENT SERVICES (INTERNATIONAL), LLC					
Principal Place of Business 260 CRANDON BOULEVARD NO. 8 KEY BISCAYNE, FL 33149			Mailing Address P.O. BOX 1373 KEY BISCAYNE, FL 33149 US		
2. Principal Place of Business - No P.O. Box # <u>1401 Brickell Ave</u>		3. Mailing Address Suite, Apt. #, etc. <u>320</u>			
City & State <u>Miami, FL</u>		City & State Suite, Apt. #, etc.		4. FEI Number NOT APPLICABLE	
Zip <u>33131</u>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  BROOKES, MARILYN 260 CRANDON BOULEVARD NO. 8 KEY BISCAYNE, FL 33149				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <u>1401 Brickell Ave #320</u> City <u>Miami</u> FL Zip Code <u>33131</u>	
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 <u>Marilyn Brookes</u> <u>4/26/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee Is \$50.00 Due by May 1, 2007			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR BAUMBERGER, HANS 260 CRANDON BLVD. SUITE 8 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP P.O. Box 1373 Key Biscayne, Fl. 33149 <input checked="" 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	
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	
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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u>Hans Baumberger</u> <u>4/26/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>305</u> Daytime Phone # <u>365 3673</u>	

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