

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104053

FILED  
Mar 30, 2008  
Secretary of State

Entity Name: HB&J, LLC

**Current Principal Place of Business:**

2945 OXFORD AVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

2945 OXFORD AVE  
LAKELAND, FL 33803

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

PROFESSIONAL TAX CONSULTANTS INC  
2225 E EDGEWOOD DRIVE  
STE 14  
LAKELAND, FL FL US

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

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:**

Title: MGRM ( ) Delete  
Name: BURDA, DIANE M  
Address: 2945 OXFORD AVE  
City-St-Zip: LAKELAND, FL 33803

Title: MGRM ( ) Delete  
Name: JAIME, NORMA  
Address: 6501 SPRING OAK COURT  
City-St-Zip: TAMPA, FL 33625

Title: MGRM ( ) Delete  
Name: HARDY, REBECCA J  
Address: 328 VAIL DRIVE SE  
City-St-Zip: WINTER HAVEN, FL 33884

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DIANE MARIE BURDA

MGRM

03/30/2008

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