

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 24, 2006 8:00 am
Secretary of State

03-14-2006 90202 032 ****50.00

DOCUMENT # L05000114423 1. Entity Name HB TRANSPORTATION SYSTEM, LLC					
Principal Place of Business 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025			Mailing Address 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, HORACE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
Filing Fee is \$50.00 Due by May 1, 2008			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BROWN, HORACE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BROWN, PAULETTE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PCEO BROWN, HORACE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BROWN, PAULETTE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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><i>Horace D. Brown</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ATTACHMENT
30003297

DOCUMENT # L05000114423					
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. EEI Number 30-0184861	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, HORACE 9140 S. LAKE MIRAMAR CIRCLE MIRAMAR, FL 33025				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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SIGNATURE: <u>Horace D. Brown</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30003297

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

HB TRANSPORTATION SYSTEM, LLC
9140 S. LAKE MIRAMAR CIRCLE
MIRAMAR, FL 33025

Subject: HB TRANSPORTATION SYSTEM, LLC

Reference Number: L05000114423

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION