

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90122 035 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L05000114423</b><br>1. Entity Name<br>HB TRANSPORTATION SYSTEM, LLC                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |  |
| Principal Place of Business<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | Mailing Address<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025               |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            | 02142007 No Chg-LLC CR2E083 (11/05)                                               |
| 4. FEI Number<br>30-0184861                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            | Applied For<br>Not Applicable                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | \$5.00 Additional<br>Fee Required                                                 |
| 6. Name and Address of Current Registered Agent<br><br>BROWN, HORACE<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>BROWN, HORACE<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025   |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>BROWN, PAULETTE<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PCEO<br>BROWN, HORACE<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VP<br>BROWN, PAULETTE<br>9140 S. LAKE MIRAMAR CIRCLE<br>MIRAMAR, FL 33025  |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            |                                                                                   |
| 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 606, Florida Statutes. |                                                                            |                                                                                   |
| SIGNATURE: <u>Horace D. Brown</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Date <u>3-23-07</u><br><small>Daytime Phone #</small>                             |