


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90032 007 ***138.75

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| DOCUMENT # L05000116122 |  |
| 1. Entity Name H&P URBANEK, LLC | |

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| Principal Place of Business 4800 N. FEDERAL HIGHWAY SUITE 209A BOCA RATON, FL 33431 | Mailing Address 4800 N. FEDERAL HIGHWAY SUITE 209A BOCA RATON, FL 33431 US |
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| 2. Principal Place of Business - No P.O. Box # 1375 Gateway Blvd. Suite, Apt. #, etc. | 3. Mailing Address 1375 Gateway Blvd. Suite, Apt. #, etc. |
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| City & State Boynton Beach FL | City & State Boynton Beach FL |
| Zip 33426 | Country USA |

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| 6. Name and Address of Current Registered Agent URBANEK, AUGUST 4800 N. FEDERAL HIGHWAY SUITE 209A BOCA RATON, FL 33431 | |
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60034459

04162008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-3964857 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1375 Gateway Blvd. City Boynton Beach FL Zip Code 33426 | |
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| 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 <i>August Urbaneck</i> Signature, typed or printed name of registered agent and title if applicable. | DATE 4-25-08 (NOTE: Registered Agent signature required when reinstating) |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM URBANEK, AUGUST 4800 NORTH FEDERAL HWY SUITE 209A BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1375 Gateway Blvd. Boynton Beach FL 33426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM URBANEK, STEPHEN 1321 NE 42ND AVE OAKLAND PARK, FL 33334 <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 |
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| 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 |

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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: <i>August Urbaneck</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | DATE 4-25-08 5017363957 Date Daytime Phone # |