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Secretary of State
04-17-2006 90037 018 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000117021

1. Entity Name
HYDROCARBON/KABA, LLC

Principal Place of Business	Mailing Address
7105 SANTA CLARA BOULEVARD FORT PIERCE, FL 34951	7105 SANTA CLARA BOULEVARD FORT PIERCE, FL 34951

30009425

04122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	2841 N. Ocean Blvd #905
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft. Lauderdale FL
Zip / Country	Zip: 33308 Country: USA

4. FEI Number: 20-3897632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, KIMBERLY A
2841 N OCEAN BOULEVARD
#905
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager - PRESIDENT	☐ Delete
NAME	Kimberly Ann Brown	
STREET ADDRESS	2841 N Ocean Blvd #905	
CITY-ST-ZIP	Ft Laud FL	
TITLE	manager - Vice President	☐ Delete
NAME	william R. Martin	
STREET ADDRESS	7105 Santa Clara Blvd.	
CITY-ST-ZIP	Ft. Pierce FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 608, Florida Statutes.

SIGNATURE: [signature] Kimberly A. Brown Mng. President 4-14-06 772-468-4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #