2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90018 034 ***138.75

DOCUMENT # L06000007066

1. Entity Name
HB CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD, FL 33021	3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

04072008No Chg-LLC CR2E083 (12/07)

4. FEI Number
56-2553948

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUROWITZ, STEVEN
3850 HOLLYWOOD BLVD., SUITE 400
HOLLYWOOD, FL 33021

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HUROWITZ, STEVEN
STREET ADDRESS	3850 HOLLYWOOD BLVD., SUITE 400
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	MGR
NAME	HUROWITZ, SUSANNE
STREET ADDRESS	3850 HOLLYWOOD BLVD., SUITE 400
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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] Authorized Agent 4/28/08 (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #