2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L06000035258

1. Entity Name HBA PROPERTIES, LLC



FILED May 01, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414

12765 W. FOREST HILL BLVD., SUITE 1307 WELLINGTON, FL 33414



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4635807

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

JEFFREY A. DEUTCH, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434

SIGNATURE:

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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			
	Signature, typed or printed name or registered agent and little it applicable	(NOTE: Registered Agent signature required when reinstating) Di	de .
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000942039 MANAGING MEMBERS/MANAGERS ### 05/29/08 00004 003			12039 20039
9.	MANAGING MEMBERS/MANAGERS	. 507 237 00 101	1004 003 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHECHTER CAPITAL LLLP 12765 W FOREST HILL BLVD 5-B WEST PALM BEACH, FL 33414		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,
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TITLE 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.			

Rick Giles

4/ 29/08

561-333-3669

Daylime Phone #

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