2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000083078

1. Entity Name HLB HOLDINGS LLC

Principal Place of Business

7848 S. FEDERAL HIGHWAY HYPOLUXO, FL 33462

Mailing Address

7848 S. FEDERAL HIGHWAY HYPOLUXO, FL 33462

FILED

08 MAR 27 PM 2: In

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number **NOT APPLICABLE**

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, LEO 12758 RHONE DRIVE PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agont 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	MGRM
NAME	BERMAN, LEO
STREET ADDRESS	2758 RHONE DRIVE
CITY-\$T-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	BERMAN, HARRIS
STREET ADDRESS	3560 SOUTH OCEAN BLVD., UNIT 807
CITY-ST-ZIP	PALM BEACH, FL 33480
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	
11 Lhoroby	cortify that the information supplied with this fillion does not qualify for the

700122773677 04/10/08--01005--012 **288.75

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

3/13/08

541-588-9911

Daytime Phone #