

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097556

Entity Name: HB GASTONIA, LLC

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

180 ROYAL PALM WAY, SUITE 203
PALM BEACH, FL 33480

New Principal Place of Business:

505 S. FLAGLER DRIVE
1400
WEST PALM BEACH, FL 33401

Current Mailing Address:

180 ROYAL PALM WAY, SUITE 203
PALM BEACH, FL 33480

New Mailing Address:

505 S. FLAGLER DRIVE
1400
WEST PALM BEACH, FL 33401

FEI Number: 20-5673017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARONE, THEODORE T JR.
180 ROYAL PALM WAY, SUITE 203
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

WARD, NATHAN
505 S. FLAGLER DRIVE
1400
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: NATHAN WARD

03/20/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: NATHAN, WARD
Address: 505 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM () Change (X) Addition
Name: VICTOR, BALESTRA
Address: 505 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NATHAN WARD

MGRM

03/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date