

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026645

Entity Name: HB TECH LLC

FILED
Sep 25, 2008
Secretary of State

Current Principal Place of Business:

P.O. BOX 1871
BELLEVUE, FL 34421 US

New Principal Place of Business:

5001 SW 20TH ST APT 2003
OCALA, FL 34474 US

Current Mailing Address:

P.O. BOX 1871
BELLEVUE, FL 34421 US

New Mailing Address:

5001 SW 20TH ST APT 2003
OCALA, FL 34474 US

FEI Number: 20-8615894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, DONOVAN
18 HICKORY TRAK
OCALA, FL 34472 US

Name and Address of New Registered Agent:

HARRIS, DONOVAN
5001 SW 20TH ST APT 2003
OCALA, FL 34474 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:

09/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, DONOVAN
Address: 18 HICKORY TRAK
City-St-Zip: OCALA, FL 34472 US

Title: MGR (X) Delete
Name: BURNS, EDWARD
Address: 11613 SE 57TH AVE
City-St-Zip: BELLEVUE, FL 34420 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARRIS, DONOVAN
Address: 5001 SW 20TH ST APARTMENT 2003
City-St-Zip: OCALA, FL 34474 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONOVAN HARRIS

MGR

09/25/2008

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