

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065776

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: HB HOME DEVELOPMENT LLC

**Current Principal Place of Business:**

ONE GROVE ISLE DR.  
APT 804  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

ONE GROVE ISLE DR.  
APT 804  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 26-2984296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFSDORF, BARBARA  
ONE GROVE ISLE DR.  
APT 804  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOLFSDORF, BARBARA  
Address: ONE GROVE ISLE DR.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: BRODSKY, MARGARET  
Address: 2917 JACKSON ST.  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete  
Name: HB CONSTRUCTION LLC,  
Address: 530 WEST 27 ST.  
City-St-Zip: MEDLEY, FL 33010

**ADDITIONS/CHANGES:**

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

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

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: BARBARA WOLFSDORF

MGR

01/07/2009

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