FILE NOW: Fee after May 1, will be \$588.75



LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

ANNUAL REPORT						a B. Moretary of DF CORF		1997 MAR 10 AM 8: 36				
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									SECRETARY OF STATE TALLAHASSEE. FLORIDA			
	and Mailing Add ed Liability Com		DOCL	JMENT	先 9600	0000	316					
HIERBAUM PARTNERS, L.C.								1a. Principal Place of Business Address				
35 TROPICAL ISLAND LANE MERRITT ISLAND FL 32952								B5 TROPICAL ISLAND LANE MERRITT ISLAND FL 32952				
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block in Principal Place of Business 2a. Mailing Address								3. Date Organiz	ed or Qualified	3a State	of Formation	
z. Trinoparriace of business								03/19/19]			
Suite, Apt. #, etc.					Suite, Apt. #, etc.			4. FEI Number Applied For				
City & State	le		City & St	City & State				59-3370337 Not Applicable				
Zip		Country		Zip		Countr	у	5. Date of Last i	Heport	l	ate of Status Desired	
	7. Name (nd Addre	as of Curren	t Registered	Agent		Name	8. Name and Add	irees of New Re	gistered Ag	jent	
HIERBAUM, RANDY P 35 TROPICAL ISLAND LANE MERRITT ISLAND FL 32952							Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, etc. City Zip Code					
							Ony	FL				
its registere		tered ager	st, or both, in th								purpose of changing populations of the purpose of t	
SIGNATUR	RE	d Agent Accepting	DATE									
10. Title	(Flegistered Agent Accepting A Managing Members/Manager				CIL Registers A		ess Street Address		City, State and Zip Code			
		ERBAUM, RANDY P			5 TROPICAL ISLAND			LANE MERRITT ISLAND FL				
MGRM	HIERBAUM, MARK S 117				1741 W	.741 WETHERBY LANE			LOS ANGELES CA			
MGRM	HIERBAUM, MARSHA J 1				1741 WETHERBY LANE				LOS ANGELES CA			
<u>e</u>								90	0002 -03/11 ****2	11 (2) /970 03.75	519-3 1123-013 *****203.75	
indicated or limited liabi	n this annual rep	port is true the receive	and accurate	and that my s	ignature shall	have the s	same legal effect as	if made under oath 608, Florida Statute	n; that I am a ma	naging memi ame appears	fy that the information ber or manager of the s in Block 10, or on an	

SIGNATURE AND SPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER