2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

11. I hereby certify that the information indicated on this report is true limited liability company or the

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

SIGNATURE:

Mar 12, 2007 08:00 AM DOCUMENT # L96000000851 **Secretary of State** 1. Entity Name HUBCO, L.C. Principal Place of Business Mailing Address 1901 HANSEN ST. 1901 HANSEN ST. SARASOTA, FL 34231 SARASOTA, FL 34231 02192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0693684 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAR, JUDITH A DO NOT WRITE 1991 HANEN ST SARASOTA, FL 34231 IN THIS SPACE 8. 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 I am familiar with and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM COHEN, LAWRENCE NAME STREET ADDRESS 1901 HANSEN STREET CITY-ST-ZIP SARASOTA, FL 34231 U00000664477 03/22/07-80047-001 50.00 NAME STREET ADDRESS CHY-SI-ZP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

upplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information occurate 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 ver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED