


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State


02-27-2006 90432 018 ****50.00

DOCUMENT # L96000000942	
1. Entity Name HONC BROTHERS, L.C.	

Principal Place of Business 1130 PONDELLA ROAD SUITE 3 NORTH FORT MYERS, FL 33903	Mailing Address 1130 PONDELLA ROAD SUITE 3 NORTH FORT MYERS, FL 33903
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20011290

2. Principal Place of Business 1130 Pondella Road	3. Mailing Address 1130 Pondella Road
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33909	Country

	
02142006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 65-0687772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
HONC, VINCENT E 1130 PONDELLA ROAD SUITE 3 NORTH FORT MYERS, FL 33903	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee Is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HONC, VINCENT E 1130 PONDELLA ROAD, SUITE 3 NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>Vincent E Honc</u>	<u>Feb 15, 2006</u> (239)458-3335
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
<small>Date</small>	<small>Daytime Phone #</small>