
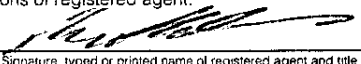
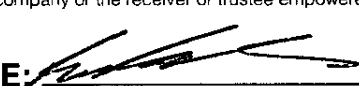


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90105 025 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L99000001033</b><br>1. Entity Name<br><b>HB HOLDINGS OF SOUTHWEST FLORIDA, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>3521 BONITA BAY BLVD.<br/>BONITA SPRINGS FL 34134</b>  |  |  | Mailing Address<br><b>3521 BONITA BAY BLVD.<br/>BONITA SPRINGS FL 34134</b> |  |  |
| 2. Principal Place of Business<br><b>27299 Riverview Center Blvd.</b><br>Suite, Apt. #, etc.<br><b>Suite 106</b>   |  | 3. Mailing Address<br><b>27299 Riverview Center Blvd.</b><br>Suite, Apt. #, etc.<br><b>Suite 106</b> |   |  |  |
| City & State<br><b>Bonita Springs, FL</b>  |  | City & State<br><b>Bonita Springs, FL</b>  |   | 4. FEI Number <b>59-3565443</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |
| Zip<br><b>34134</b>  | Country<br><b>USA</b>  | Zip<br><b>34134</b>  | Country<br><b>USA</b>   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAHMS, MICHAEL<br/>3521 BONITA BAY BLVD<br/>BONITA SPRINGS FL 34134</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Bahms, Michael</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>27299 Riverview Center Blvd. Suite 106</b><br><br>City <b>Bonita Springs</b> <b>FL</b> Zip Code <b>34134</b> |  |
| 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.<br><br><div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> <b>Michael Bahms</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div>           DATE _____         </div> </div> |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>   |  |  |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR</b><br><b>EURO/FLORIDA FUNDINGS, INC.</b><br><b>3521 BONITA BAY BLVD.</b><br><b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <b>MGR</b><br><b>Euro/Florida Fundings, Inc.</b><br><b>27299 Riverview Center Blvd. Suite 106</b><br><b>Bonita Springs, FL 34134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  | <b>Michael Bahms</b><br>(239) 948-0014                                      |  |  |

64000000



MOORE CR2E083 (11/03)