

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90175 012 *****55.00

DOCUMENT # L99000001033

1. Entity Name
HB HOLDINGS OF SOUTHWEST FLORIDA, LLC



Principal Place of Business
27299 RIVERVIEW CENTER BLVD.
SUITE 106
BONITA SPRINGS, FL 34134

Mailing Address
27299 RIVERVIEW CENTER BLVD.
SUITE 106
BONITA SPRINGS, FL 34134

20010339



2. Principal Place of Business
7955 AIRPORT RD NORTH

3. Mailing Address
7955 AIRPORT RD NORTH

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

02082005 Chg-LLC CR2E083 (10/03)

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
-59-3565443- Applied For
Not Applicable

Zip
34109 Country
USA

Zip
34109 Country
U.S.A.

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

BAHMS, MICHAEL
27299 RIVERVIEW CENTER BLVD.
SUITE 106
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name FAGA, ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
7955 AIRPORT RD NORTH

SUITE 101

City NAPLES FL Zip Code 34109

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 and printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

2-11-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to,
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGR
STREET ADDRESS FIRST CAMBRIDGE CAPITAL, INC.
CITY-ST-ZIP 4535 WEST 1ST AVENUE
VANCOUVER, BC V6R1H7, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

PATRICK J. O'LOUGHLIN

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

Date

Daytime Phone #

FEB 11/05 (239) 597-9944