


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90038 013 \*\*\*138.75

**DOCUMENT # L05000098908**

1. Entity Name  
 HII, LLC



00000000

Principal Place of Business  
 450 E. LAS OLAS BOULEVARD, SUITE 1500  
 FORT LAUDERDALE, FL 33301

Mailing Address  
 450 E. LAS OLAS BOULEVARD, SUITE 1500  
 FORT LAUDERDALE, FL 33301



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State  
 Zip Country

4. FEI Number  
 20-3592220

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 AMERICAN INFORMATION SERVICES, INC.  
 LAS OLAS CENTRE II, SUITE 1600  
 350 E. LAS OLAS BOULEVARD  
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
 Service U.S.A., Inc  
 450 E. Las Olas Blvd.  
 Suite 1500  
 Ft. Lauderdale, FL 33301

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 Cris V Brandon, VP DATE 4/16/08

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE H GROUP 450 E LAS OLAS BLVD #1500 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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: Cris V Brandon Date 4/16/08

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