

2001 UNIFORM BUSINESS REPORT (UBR)

0002129 AF

DOCUMENT # L00000003337

1. Entity Name
H & H HOLDINGS, LLC

FILED

01 APR 23 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
444 SEABREEZE BLVD., SUITE 200 444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BHOOLA, MOHAN J 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH FL 32118				Name: Manoj Bhoola Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd Ste 200 City: Daytona Beach FL Zip Code: 32118			

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.

SIGNATURE: MANOJ BHOOLA DATE: 4-17-01

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS				10. ADDITIONS / CHANGES			
TITLE NAME	MGRM BHOOLA, MOHAN J	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	900004137149--4
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 200			STREET ADDRESS			-05/04/01--01092--024
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			*****50.00 *****50.00
TITLE NAME	MGRM BHOOLA, MANOJ A	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE NAME	MGRM BHOOLA, SNEHAKUMAR	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	444 SEABREEZE BLVD., SUITE 200			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **SIGNATURE REQUIRED** DATE: 4-17-01 DAYTIME PHONE #: 386 255 2577

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

CR2E083 (11/00)