

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015640

Entity Name: HCH HOLDINGS, LLC

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

2835 HWY. 60 EAST
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1881
BARTOW, FL 33831

New Mailing Address:

FEI Number: 58-2590271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASELTON, ROY
2835 HWY. 60 EAST
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: VP S () Delete
Name: HEIDEL, KENNEDY M
Address: 1987 HWY. 17 SOUTH
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: HAMMOCK, KERRY L
Address: P.O. BOX 1099
City-St-Zip: BARTOW, FL 33831

Title: PRES () Delete
Name: CASELTON, ROY
Address: P.O. BOX 707
City-St-Zip: PALMETTO, GA 30268

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEIDEL, KENNEDY M
Address: 2835 STATE ROAD 60 EAST
City-St-Zip: BARTOW, FL 33830

Title: MGR (X) Change () Addition
Name: HAMMOCK, KERRY L
Address: P.O. BOX 1099
City-St-Zip: BARTOW, FL 33831

Title: MGR (X) Change () Addition
Name: CASELTON, ROY
Address: P.O. BOX 707
City-St-Zip: PALMETTO, GA 30268

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROY CASELTON

MGR

04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date