


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L01000006819 1. Entity Name H & H'S BEACH PLACE, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634 | Mailing Address 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634 |
|---|---|

DO NOT WRITE IN THIS SPACE



02072005No Chg-LLC

CR2E083 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3714044 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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

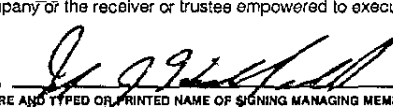
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HIRSCHFELD, JOSEPH J 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HIRSCHFELD, MARILYN C 7105 PELICAN ISLAND DRIVE TAMPA, FL 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

1000000250351
03/04/05-80006-025 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  2/28/05 877-887-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #