

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000353

Entity Name: HHC II, LLC

FILED
Apr 04, 2007
Secretary of State

Current Principal Place of Business:

108 OAK AVE.
ANNA MARIA, FL 34216

New Principal Place of Business:

520 GERBER STREET
LIGONIER, IN 46767 US

Current Mailing Address:

PO BOX 880
ANNA MARIA, FL 34216

New Mailing Address:

POST OFFICE BOX 500
520 GERBER STREET
LIGONIER, IN 46767 US

FEI Number: 80-0005062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAJMY, JOSEPH L ESQUIRE
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

NAJMY, JOSEPH L ESQUIRE
PORGES, HAMLIN, ET AL.
6320 VENTURE DRIVE, SUITE 104
BRADENTON, FL 34202 US

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: JOSEPH L. NAJMY

04/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGEN, REX
Address: 108 OAK AVE
City-St-Zip: ANNA MARIA, FL 34216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HAGEN, MARK D
Address: 520 GERBER STREET
City-St-Zip: LIGONIER, IN 46767 US

Title: VP () Change (X) Addition
Name: HAGEN, NANCY B
Address: 520 GERBER STREET
City-St-Zip: LIGONIER, IN 46767 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARK D. HAGEN

P

04/04/2007

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