2003 LIMI1 UNIFORM

TED LIABILITY BUSINESS REP	COMP/ ORT (L	AÑY IBR)	5/2/2	FILED Jul 03, 2003 8:00 am Secretary of State
02000003081				05-02-2003 90584 049 ****50.00
P, L.L.C.	1			

DOCUMENT # L 1. Entity Name **H&H INVESTMENT GROU** Principal Place of Business Mailing Address 44005242 2100 NORTH 57TH TERRACE 18615 NORTHWEST 22ND AVE. OPA LOCKA FL 33056 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 18615 HW 23rd Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 04.3597870 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6.: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A.-Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MCRM TITLE 🖁 CR2E083 (10/02 TITLE ☐ Change Addition HOOKER, CHARLES E JVA HPH WE EDAI NAME NAME 2100 NORTH 57TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP MGRM TITLE TITLE ☐ Delete Addition HOOKER, ROBERT DEAN NAME MALIF 18615 HW 22. L Avenue STREET ADDRESS 2100 NORTH 57TH TERRACE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP Addition MLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIFLE TITLE Change Addition | NAME NAME 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 intersective of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

A, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

02-17-03