

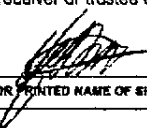


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005090			
1. Entity Name HHR, LLC			
Principal Place of Business MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY SARASOTA, FL 34236		Mailing Address MOTE SCIENTIFIC FOUNDATION 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	
<p>2. Jurisdiction in this space</p>			
			01252006No Chg-LLC CR2E083 (11/05)
4. FEI Number 02-0690115			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 MOTE SCIENTIFIC FOUNDATION, INC. 1600 KEN THOMPSON PKWY SARASOTA, FL 34236			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HULL, PETER 3837 WHITE LANE SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRATT, HELEN 4603 SELMA STREET SARASOTA, FL 34232		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALUANO, BILL 1023 MANATEE AVE W BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAHADEVAN, KUMAR 5420 AZURE WAY SARASOTA, FL 34242		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RITCHIE, BILL 32 55TH AVE SAINT PETERSBURG, FL 33706		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 609, Florida Statutes.			
SIGNATURE:  Helen C Pratt 2/19/06			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>			