

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008403

FILED
Apr 29, 2009
Secretary of State

Entity Name: H-V ENTERPRISES, LLC

Current Principal Place of Business:

1627 BEACH DRIVE SE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

1627 BEACH DRIVE SE
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 02-0680486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, JAMES
1627 BEACH DRIVE SE
ST. PETERSBURG, FL 33701 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/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, JAMES
Address: 1627 BEACH DRIVE SE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: MGRM () Delete
Name: VLK, JAMES F
Address: 2805 PASS-A-GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706

Title: MGRM () Delete
Name: WARK, WENDY
Address: 2805 PASS-A-GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES A HOWELL

MGRM

04/29/2009

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