## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90007 023 \*\*\*\*50.00

DOCUMENT # L03000032  1. Entity Name HUH, LLC	2903			. ddnama.
Principal Place of Business  EDWARD CHERRY  6240 WILES ROAD, #203  CORAL SPRINGS, FL 33067 US  Mailing Address  EDWARD CHERRY  6240 WILES ROAD, #203  CORAL SPRINGS, FL 33067 US				נפבין נוג יפלווו פרווחם נוגעו פרפון פינון העופר עולסם ועסק אינון פרווסס ועס ועסווס און ופרווסטן ז
Principal Place of Business     3. Mailing Address     SAME     SAME				
Suite, Apt. #, etc.	s, Apt. #, etc. Suite, Apt. #, etc.			04122004 Chg-LLC CR2E083 (10/03)
City & State Coral Springs, Florida	City & State SAME	ME		4. FEI Number Applied For 20-0247400 Not Applicable
Zip Country	SAME	SAME		5. Certificate of Status Desired
6. Name and Address of Curren	_ <u></u>	<u> </u>		7. Name and Address of New Registered Agent
		Name	Hess an	nd Kennedy, LLC
CHERRY, EDWARD   6240 WILES ROAD   2031   Francis   Francis		Street 6240	Street Address (P.O. Box Number is Not Acceptable) 6240 Wiles Road, Suite 203	
CORAL SPRINGS, FE 33067		}		
		City (	Coral Sprii	ings FL Zip Code 33067
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 Signature, typed or printed name of registered ager	It and title if applicable. [NOT	E. Registered Agent sign	ature required	April 11, 2004 when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florids Department of State
9. MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS/CHANGES
NAME HESS AND KENNEDY, LLC STREET ADDRESS 10985 NW 71ST CT	☐ Delete	TITLE NAME STREET ADDRESS	Hess a	ging Member
CITY-ST-ZIP PARKLAND, FL 33076	☐ Delete	CITY-ST-ZIP		Springs, FL 33067 ging Member Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS CITY-ST-ZIP	11600	d Cherry NW 56th Drive
CITY-SI-ZIP TITLE	☐ Delete	TITLE	Corar s	Springs, FL 33076 Change Addition
NAMESTREET ADDRESS	L) Outre	NAME STREET ADDRESS CITY-ST-ZIP	5	
CITY-S1-ZIP  TITLE  NAME  STRIET ADDRESS	☐ Octete	TITLE NAME STREET ADDRES:	s	☐ Change ☐ Addition
CITY-ST-ZIP  TIYLE  NAME	☐ Celete	CITY-ST-ZIP TITLE NAME	-	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRES	s	
TITLE NAME STREET ADDRESS CTY-ST-ZP	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	1	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filling 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: Sur				MG/n/April 11, 2004 954-575-0863
SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, M	ANAGER, OR AUTHORI	ZED REPRESE	ENTATIVE Date Daytime Phone #