


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90069 021 \*\*\*\*50.00

<b>DOCUMENT # L03000037425</b> 1. Entity Name HHR, LLC																															
Principal Place of Business 173 S. SEWALL'S POINT ROAD STUART, FL 34996		Mailing Address 173 S. SEWALL'S POINT ROAD STUART, FL 34996																													
2. Principal Place of Business 1485 SE St. Lucie Blvd		3. Mailing Address 1485 SE St. Lucie Blvd																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State Stuart, FL		City & State Stuart, FL																													
Zip 34996		Zip 34996																													
Country		Country																													
4. FEI Number 13-4267847		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  HOFFLER, OSWALD W JR. 173 S. SEWALL'S POINT ROAD STUART, FL 34996		7. Name and Address of New Registered Agent Name OSWALD W. HOFFLER, JR. Street Address (P.O. Box Number is Not Acceptable) 1485 SE St Lucie Blvd City Stuart FL Zip Code 34996																													
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 <i>Oswald W. Hoffler, Jr.</i> <span style="float: right;">3/22/04</span> <small>Signature, typed or printed name of registered agent, and new, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																															
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">MGR</td> <td style="width:10%;"><input type="checkbox"/> Change</td> <td style="width:10%;"><input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OSWALD W. HOFFLER, JR.</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1485 SE St Lucie Blvd</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Stuart, FL 34996</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	NAME	OSWALD W. HOFFLER, JR.			STREET ADDRESS	1485 SE St Lucie Blvd			CITY-ST-ZIP	Stuart, FL 34996		
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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																															
SIGNATURE: <i>Oswald W. Hoffler, Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		3/22/04 772-283-8355 <small>Date Daytime Phone #</small>																													