


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90142 001 ***100.00

| | |
|--|---|
| DOCUMENT # L03000037425 1. Entity Name HHR, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 1485 SE ST. LUCIE BLVD STUART, FL 34996 | Mailing Address 1485 SE ST. LUCIE BLVD STUART, FL 34996 |
|---|---|

DO NOT WRITE IN THIS SPACE



04272005No Chg-LLC

CR2E083 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 13-4267847 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

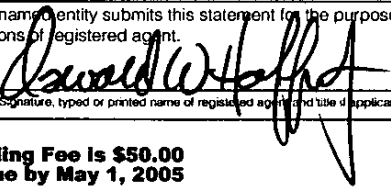
| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

HOFFLER, OSWALD W JR.
1485 SE ST. LUCIE BLVD
STUART, FL 34996

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/27/05

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOFFLER, OSWALD W JR. 1485 SE ST. LUCIE BLVD STUART, FL 34996 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: 4/27/05 DAYTIME PHONE: 772-283-8355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE