


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90061 033 \*\*\*\*55.00

<b>DOCUMENT # L03000039799</b>	
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<b>1. Entity Name</b> H & H LLC	<b>Principal Place of Business</b> 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028 US	<b>Mailing Address</b> 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028 US
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b> 2700 N State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Hollywood FL	<b>City &amp; State</b> Hollywood FL
<b>Zip</b> 33021	<b>Country</b> USA



01152007 Chg-LLC CR2E083 (12/06)

<b>6. Name and Address of Current Registered Agent</b> EREZ HUZ 1914 NW 137TH TERRACE PEMBROKE PINES, FL 33028	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 2700 N State Rd 7 City Hollywood FL Zip Code 33021
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**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.**

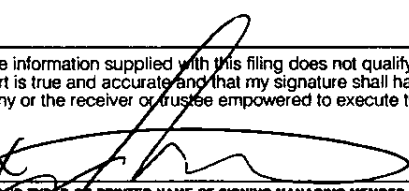
SIGNATURE  DATE 01/15/2007

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

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUS, ELY 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 N. State Rd 7 Hollywood FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUS, EDNA 1914 N.W. 137TH TERRACE PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2700 N. State Rd 7 Hollywood FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 608, Florida Statutes.**

**SIGNATURE**  DATE 01/15/2007

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