2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2004
Secretary of State

DOCUMENT# L03000042304

Entity Name: HHS, LLC

Current Principal Place of Business:

431 WESTERN AVE
TOLEDO, OH 43609 US

New Principal Place of Business:

Current Mailing Address:

431 WESTERN AVE
TOLEDO, OH 43609 US

New Mailing Address:

FEI Number: 83-0374622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, JAMES A JR.
1272-B TIMBERLANE RD
TALLAHASEE, FL 32312 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	HICKEY, DONALD K	
Address:	431 WESTERN AVE	
City-St-Zip:	TOLEDO, OH 43609 US	
Title:	MGRM	( ) Delete
Name:	HICKEY, JANET A	
Address:	431 WESTERN AVE	
City-St-Zip:	TOLEDO, OH 43609 US	
Title:	MGRM	( ) Delete
Name:	HUFFMAN, RANDY L	
Address:	7155 SEVEN OAKS DRIVE EAST	
City-St-Zip:	INDIANAPOLIS, IN 46326 US	
Title:	MGRM	( ) Delete
Name:	HUFFMAN, CAROL S	
Address:	7155 SEVEN OAKS DRIVE EAST	
City-St-Zip:	INDIANAPOLIS, IN 46326 US	
Title:	MGRM	( ) Delete
Name:	SMITH, STEVEN R	
Address:	523 CAMBRIDGE PARK SOUTH	
City-St-Zip:	MAUMEE, OH 43537 US	
Title:	MGRM	( ) Delete
Name:	SMITH, LINDA E	
Address:	523 CAMBRIDGE PARK SOUTH	
City-St-Zip:	MAUMEE, OH 43537 US	

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:	
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 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 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: STEVEN R. SMITH MGRM 02/15/2004

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