


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 FEB 24 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000049822		
1. Entity Name H & H ENTERPRISES LLC		

Principal Place of Business 1253 W. L. MARTIN RD. CHATTAHOOCHEE, FL 32324	Mailing Address 1253 W. L. MARTIN RD. CHATTAHOOCHEE, FL 32324
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02242006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent	
BARNES & JAMES, P.A. 2629 BLAIR STONE RD. TALLAHASSEE, FL 32324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HICKS, LAURIEL 4519 HARDAWAY HWY. CHATTAHOOCHEE, FL 32324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000067215580 03/07/06--01029--029 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAYES, MARY J 1253 W.L. MARTIN RD. CHATTAHOOCHEE, FL 32324 <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	MGRM HAYES, RICHARD 1253 W.L. MARTIN RD. CHATTAHOOCHEE, FL 32324 <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
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: May Jane Flan Date: 2/24/06 Daytime Phone #: 856-5879