

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:44

DOCUMENT # L04000021709							
1. Entity Name H & C ENDEAVORS, LLC							
Principal Place of Business 425 HOLT AVENUE WINTER PARK, FL 32789-5027			Mailing Address 425 HOLT AVENUE WINTER PARK, FL 32789-5027				
2. Principal Place of Business 230 Cortland Av.			3. Mailing Address 230 Cortland Av.				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State Winter Park, FL			City & State Winter Park, FL				
Zip 32784		Country USA		4. FEI Number 86-1100696			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05192006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent ABDELNOUR, HELENE 425 HOLT AVENUE WINTER PARK, FL 32789-5027			7. Name and Address of New Registered Agent Name: Abdelnour, Helene Street Address (P.O. Box Number is Not Acceptable): 230 Cortland Av. City: Winter Park FL 32789				
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 _____ <small>Signature: Typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)</small>							
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE MGRM	NAME ABDELNOUR, HELENE		<input type="checkbox"/> Delete	TITLE	NAME 230 Cortland Av.		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 425 HOLT AVENUE	CITY - ST - ZIP WINTER PARK, FL 327895027			STREET ADDRESS	CITY - ST - ZIP Winter Park, FL 32789		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP			STREET ADDRESS	CITY - ST - ZIP		
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:				09/06/06 407-645-1347			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			