

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042537

Entity Name: HHS INVESTMENTS, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

777 SOUTH HARBOUR ISLAND BLVD., SUITE 925
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

777 SOUTH HARBOUR ISLAND BLVD., SUITE 925
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-1236791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: HEINBERG, C. JAE
Address: 777 SOUTH HARBOUR ISLAND BLVD., SUITE 925
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: HEINBERG, JOHN
Address: 777 SOUTH HARBOUR ISLAND BLVD., SUITE 925
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: STANLEY, GERRY
Address: 777 SOUTH HARBOUR ISLAND BLVD., SUITE 925
City-St-Zip: TAMPA, FL 33602

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:

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: C JAE HEINBERG

MGR

04/27/2005

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