


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045329 1. Entity Name H & H OF NW FLORIDA, LLC	
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Principal Place of Business 8766 ORTEGA PARK DRIVE NAVARRE, FL 32566	Mailing Address 8766 ORTEGA PARK DRIVE NAVARRE, FL 32566
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04032008No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1317022	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCMINN, WYNDE 8608 TUPELO DRIVE NAVARRE, FL 32566
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DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMINN, WYNDE 8608 TUPELO DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMINN, KEVIN 8608 TUPELO DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMINN, HANNAH 8608 TUPELO DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCMINN, HEATHER 8608 TUPELO DRIVE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/29/06-80245-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  4-13 06 850-936-8946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #