2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052930

FILED
Jul 28, 2005
Secretary of State

Entity Name: HITT FAMILY HOLDINGS, L.L.C.

Current Principal Place of Business:

2202 STATE AVENUE, SUITE 301
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2202 STATE AVENUE, SUITE 301
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARMON, DANIEL III
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	HITT, WARREN	
Address:	2202 STATE AVENUE, SUITE 301	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	MGR	( ) Delete
Name:	HITT, WARREN	
Address:	2202 STATE AVENUE, SUITE 301	
City-St-Zip:	PANAMA CITY, FL 32405	

ADDITIONS/CHANGES:

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: WARREN T. HITT MGR 07/28/2005

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