

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052930

FILED
Apr 29, 2008
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:

2606 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

Current Mailing Address:

2202 STATE AVENUE, SUITE 301
PANAMA CITY, FL 32405

New Mailing Address:

2606 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

FEI Number: 26-0091130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGR (X) Change () Addition
Name: HITT, WARREN
Address: 2606 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR (X) Change () Addition
Name: HITT, WARREN
Address: 2606 COUNTRY CLUB DR.
City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

MD

04/29/2008

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