2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L04000075670

Entity Name: H40, LLC

Current Principal Place of Business:

66TH STREET
SUITE 310
HOLMES BEACH, FL 34217 US

New Principal Place of Business:

Current Mailing Address:

66TH STREET
SUITE 310
HOLMES BEACH, FL 34217 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLEUDINNING, RENEA M
1990 MAIN STREET
SUITE 801
SARASOTA, FL 34236 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: MGRM ( ) Delete
Name: HANDLEY, IAN M
Address: 39 BORROWCOP LANE, LICHFIELD
City-St-Zip: STAFFORDSHIRE, WS14 9DG, -- ----- UK

Title: MGRM ( ) Delete
Name: HANDLEY, DENISE
Address: 39 BORROWCOP LANE, LICHFIELD
City-St-Zip: STAFFORDSHIRE, WS14 9DG, -- ----- UK

Title: MGRM ( ) Delete
Name: HANDLEY, CLAIRE L
Address: 39 BORROWCOP LANE, LICHFIELD
City-St-Zip: STAFFORDSHIRE, WS14 9DG, -- ----- UK

Title: MGRM ( ) Delete
Name: HANDLEY, JOANNE E
Address: 39 BORROWCOP LANE, LICHFIELD
City-St-Zip: STAFFORDSHIRE, WS14 9DG, -- ----- UK

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLAIRE HANDLEY MISS 04/29/2007

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