

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L04000086498



1. Entity Name

HHC BOYNTON, LLC

Principal Place of Business

4030 ARTESA DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

4030 ARTESA DRIVE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

601 NO. CONGRESS AVE.

3. Mailing Address

400 LINDEN OAKS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

ROCHESTER NY

Zip  
33445

Country  
US

Zip  
14625

Country  
US

6. Name and Address of Current Registered Agent

WILSON, E. ANTHONY  
4030 ARTESA DRIVE  
BOYNTON BEACH FL 33436

4. FEI Number

56-2505953

Applied For

Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HHC DEVELOPMENT, INC. 400 LINDEN OAKS OFFICE PARK ROCHESTER NY 14635	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Rald & Cul Cfo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/06

585-419-4044

Daytime Phone #

**FILED  
Mar 21, 2006 8:00 am  
Secretary of State**

03-21-2006 90299 011 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)