

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90040 047 ****50.00

DOCUMENT # L04000089892 1. Entity Name HHV ENTERPRISES, LLC					
Principal Place of Business 1401 MANATEE AVENUE WEST, SUITE 510 BRADENTON, FL 34205			Mailing Address 1401 MANATEE AVENUE WEST, SUITE 510 BRADENTON, FL 34205		
2. Principal Place of Business 1401 Manatee Ave W Suite, Apt. #, etc. Suite 500 City & State Bradenton FL Zip 34205		3. Mailing Address 1401 Manatee Ave W Suite, Apt. #, etc. Suite 500 City & State Bradenton FL Zip 34205		4. FEI Number 20-1825023 Applied For ☐ Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VINING, CHRISTOPHER M 1401 MANATEE AVENUE WEST, SUITE 510 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name VINING, Christopher M Street Address (P.O. Box Number is Not Acceptable) 1401 Manatee Ave W Suite 500 City Bradenton FL Zip Code 34205	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR / Principal CHRISTOPHER M. Vining 1401 Manatee Ave W Ste 500 Bradenton FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER / Principal Willis Hermann 1401 Manatee Ave W Ste 500 Bradenton FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER / Principal JARED HERMANN 1401 Manatee Ave W Ste 500 Bradenton FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: Carolyn Mauro SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-26-05 (941) 708-9220 Date Daytime Phone #		

30008083



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