2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2005 90110 011 ****50.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 17 AM 10:56

DOCUMENT # L05000003104

1. Entity Name
H-CUBED TOO, LLC

Principal Place of Business	Mailing Address
1006 SWEETWATER BOULEVARD SOUTH LONGWOOD, FL 32779	1006 SWEETWATER BOULEVARD SOUTH LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

04062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20 2081648 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

James Harrison
1006 Sweetwater Bl. So.
Longwood, FL
32779

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HARRISON, JAMES S
STREET ADDRESS	1006 SWEETWATER BOULEVARD SOUTH
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/25/05 407-774-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #