2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # L05000003104 1. Entity Name 2007 APR -5 AM 9:58 H-CUBED TOO, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1006 SWEETWATER BOULEVARD SOUTH 1006 SWEETWATER BOULEVARD SOUTH LONGWOOD, FL 32779 LONGWOOD, FL 32779 03022007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2081648 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRISON, JAMES S DO NOT WRITE 1006 SWEETWATER BOULEVARD SOUTH LONGWOOD, FL 32779 IN THIS SPACE 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. (HOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGR TETLE HARRISON, JAMES S STREET ADDRESS 1006 SWEETWATER BLVD SOUTH CITY-ST-7P LONGWOOD, FL 32779 TITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE --HAME STREET ADDRESS CITY-ST-ZP MILE NAME STREET ADDRESS

DESTRUCTOR

03-29-2007 90179 004 ****50.00 L05000003104

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 ceth; 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: 3/21/07 407-774-096=