

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 08, 2006 8:00 am
Secretary of State

05-02-2006 90030 036 ****50.00

DOCUMENT # L05000012487

1. Entity Name
HCH2 LLC



Principal Place of Business
**1716 BELLEVUE
UNIT 2
TALLAHASSEE, FL 32304**

Mailing Address
**P.O. BOX 20438
TALLAHASSEE, FL 32316**

30009932



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

43-2074603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAND, HENRY
1716 BELLEVUE
UNIT 2
TALLAHASSEE, FL 32304**

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 file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAND, HENRY	
STREET ADDRESS	1716 BELLEVUE	
CITY - ST - ZIP	TALLAHASSEE, FL 32304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CLEMENTS, CRISTIAN	
STREET ADDRESS	2803 THARPE ST. UNIT D	
CITY - ST - ZIP	TALLAHASSEE, FL 32304	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BROWN, HENRY	
STREET ADDRESS	1606 OVERSTREET	
CITY - ST - ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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 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:

[Signature]

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

[Signature]

DATE

[Signature]

DAYTIME PHONE #