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Secretary of State

01-20-2006 90052 018 ***150.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000016985			
1. Entity Name H & L INVESTMENT, LLC			
Principal Place of Business 2590 J R ST ORLANDO, FL 32839		Mailing Address 2590 J R ST ORLANDO, FL 32839	
2. Principal Place of Business 4148 Winderlakes Dr Suite, Apt. #, etc.		3. Mailing Address 4148 Winderlakes Dr Suite, Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32835		Zip 32835	
Country		Country	
4. FEI Number 20-2356109		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIU, RACHEL 5100 OLD HOWELL BRANCH ROAD WINTER PARK, FL 32792		7. Name and Address of New Registered Agent Name LIN, HONG KENG Street Address 4148 WINDERLAKES DRIVE City ORLANDO FL 32835	
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 <u>X LIN Hong Keng</u> DATE <u>1/09/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIN, HONG K 2590 J R ST ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4148 Winderlakes Dr Orlando FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZHAO, LI 2417 BLEIGH AVE PHILADELPHIA, PA 19152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4148 WINDER LAKES DR ORLANDO FL 32835
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
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: <u>X LIN Hong Keng</u> Date <u>1/09/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>			