## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031704

1. Entity Name
HH INVESTMENTS, LLC



FILED Apr 09, 2008 08:00 A Secretary of State

Principal Place of Business

C/O MATTHEW B. GORSON GREENBERG TRAURIG PA, 1221 BRICKELL AVE. MIAMI, FL 33131 Mailing Address

C/O MATTHEW B. GORSON GREENBERG TRAURIG PA, 1221 BRICKELL AVE. MIAMI, FL 33131



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 · · · · · ·	Applied For
20-3062085		Not Applicable
5. Certificate of Status Desired	\$5.0	0 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable

GORSON, MATTHEW B 1221 BRICKELL AVE. MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8.	t. 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. 🗄 a	am familiar with, and a	ccept
	the obligations of registered agent.		
SI	SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 04/22/08-80028-023 138.75

9,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM GORSON, MATTHEW B C/O GREENBERG TRAURIG PA, 1221 BRICKELL AV MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11.   hereby c	certify that the information supplied with this filing does not qualify for the e

DO NOT WRITE IN THIS SPACE

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 of trustee empowered to grecute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: #

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

4/7/08

305-579-0777

Daytime Phone #