


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000080032 1. Entity Name HCH, LLC	
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Principal Place of Business 7202 PROMENADE DRIVE, APT. 401E BOCA RATON, FL 33433	Mailing Address 7202 PROMENADE DRIVE, APT. 401E BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3302428	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

COHEN, HOWARD S
7202 PROMENADE DRIVE, APT. 401E
BOCA RATON, FL 33433

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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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COHEN, HOWARD S 7202 PROMENADE DRIVE APT. 401E BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COHEN, HELENE B 7202 PROMENADE DRIVE, APT. 401E BOCA RATON, FL 33433
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01/08/08-80033-006 138.75

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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: *Helene Cohen* **1/5/08** **561-620-0277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #