



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90270 008 ****50.00

DOCUMENT # L05000089785 1. Entity Name H & H INVESTMENT GROUP, LLC					
Principal Place of Business 2032 S MILITARY TR WEST PALM BEACH, FL 33415			Mailing Address 2032 S MILITARY TR WEST PALM BEACH, FL 33415		
2. Principal Place of Business 2040 S. Military Trail Suite, Apt. #, etc.		3. Mailing Address 2040 S. Military Trail Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State W.P.B., FL		4. FEI Number 20-3495311	
Zip 33415		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRILLO, R DARLENE 2032 S MILITARY TR WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name R. Darlene Camillo Street Address (P.O. Box Number is Not Acceptable) 2040 S. Military Trail City WPB State FL Zip Code 33415		
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: _____ (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARRILLO, R DARLENE 2032 S MILITARY TR WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Darlene Camillo 2040 S. Military Trail WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, LOURDES A 2032 S MILITARY TR WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOURDES A. ROMAN 2040 S. Military Trail WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAQUERO, JAVIER J 2032 S MILITARY TR WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAVIER J. Baquero 2040 S. Military Trail WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCES, CARMEN M 2032 S MILITARY TR WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carmen M. Garces 2040 S. Military Trail WPB, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Evelyn R. McPherson 2040 S. Military Trail WPB, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<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: R. Darlene Camillo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE.</small>			Date 3/20/06 Daytime Phone # 561-9692466		