
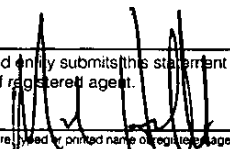
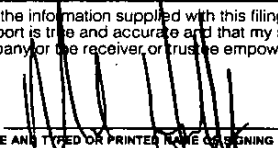


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90202 004 ****50.00

DOCUMENT # L05000093578 1. Entity Name HHS PROPERTIES, L.L.C.					
Principal Place of Business 636 VICTORIA SQUARE LANE LAKELAND, FL 33813			Mailing Address 636 VICTORIA SQUARE LANE LAKELAND, FL 33813		
2. Principal Place of Business 4030 S. Pipkin Rd.		3. Mailing Address P.O. Box 6254			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. 			
City & State Lakeland, FL		City & State Lakeland, FL		4. FEI Number 20-3597918	
Zip 33811		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HULBERT, MARK 636 VICTORIA SQUARE LANE LAKELAND, FL 33813			7. Name and Address of New Registered Agent Name Hulbert, Mark Street Address (P.O. Box Number is Not Acceptable) 6175 Riverlake Blvd. City Bartow FL Zip Code 33830		
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  Mark Hulbert DATE 3/15/06 <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	MGR HULBERT, MARK 636 VICTORIA SQUARE LANE LAKELAND, FL 33813	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hulbert, Mark 6175 Riverlake Blvd. Bartow, FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hickman, Michael 7375 Millbrook Oaks Dr. Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Saum, Jeremy 636 Victoria Square Lane Lakeland, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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:  Mark Hulbert DATE 3/15/06 (813) 647-5815 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					