

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000093578 1. Entity Name HHS PROPERTIES, L.L.C.	
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Principal Place of Business 4030 S. PIPKIN ROAD SUITE 100 LAKELAND, FL 33811	Mailing Address P.O. BOX 6254 LAKELAND, FL 33807
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DO NOT WRITE IN THIS SPACE



02202008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3597918	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HULBERT, MARK 6175 RIVERLAKE BLVD BARTOW, FL 33830

**DO NOT WRITE
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.

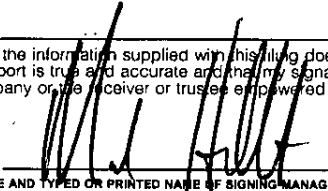
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MGR HULBERT, MARK 6175 RIVERLAKE BLVD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKAN, MICHAEL 7375 MILLBROOK OAKS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAUM, JEREMY 636 VICTORIA SQUARE LANE LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:  **2/21/08** (813) 647-5815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #