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.

Principal Place of Business	Mailing Address
4030 S. PIPKIN ROAD SUITE 100 LAKELAND, FL 33811	P.O. BOX 6254 LAKELAND, FL 33807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000336748
03/04/08-80029-012 143.75

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 2/24/08 (863) 647-5815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #