

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094964

Entity Name: HHC REALTY, LLC

FILED
May 14, 2007
Secretary of State

Current Principal Place of Business:

601 NORTH CONGRESS AVENUE
114
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

601 NORTH CONGRESS AVENUE
114
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 54-2189337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FITZPATRICK, DAVID M
601 NORTH CONGRESS AVENUE
114
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: FITZPATRICK, DAVID M
Address: 601 NORTH CONGRESS AVE. SUITE 114
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: FITZPATRICK, DAVID M PRESIDE
Address: 601 NORTH CONGRESS AVE. SUITE 114
City-St-Zip: DELRAY BEACH, FL 33445

Title: MR. () Change (X) Addition
Name: WILSON, ANTHONY E CEO
Address: 601 NORTH CONGRESS AVE. SUITE 114
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M. FITZPATRICK

PRES

05/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date