2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000099799

1, Entity Name H & H ASSETS, LLC

FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

11165 MARINA BAY RD WELLINGTON, FL 33467 Mailing Address

11165 MARINA BAY RD WELLINGTON, FL 33467



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2058836

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HOWARD, JOHN 11165 MARINA BAY RD WELLINGTON, FL 33467

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8.	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Fioriba. I am fam	liar with, and accept
	the obligations of registered agent.	
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(NOTE: Pegistered Agent signature required when roinstating)

Filing Fee is \$50.00 Due by May 1, 2007 U00000578546

01/09/07-80032-021 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGRM HOWARD, JOHN
STREET ADDRESS CITY-ST-ZIP	11165 MARINA BAY RD WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, MARCIA 11165 MARINA BAY RD WELLINGTON, FL 33467
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	

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

JRE: SIGNATURE AND TYPED DAR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/5/07 5612271349