

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106195

Entity Name: H. & H. ENTERPRISES LLC

FILED  
Jul 23, 2006  
Secretary of State

**Current Principal Place of Business:**

557 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

557 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 20-3711251      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

HERRING, MARK HENDERSON  
557 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327      US

**Name and Address of New Registered Agent:**

HERRING, DIANE C  
557 WAKULLA SPRINGS ROAD  
CRAWFORDVILLE, FL 32327      US

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: DIANE C. HERRING

07/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HERRING, TERRENCE LYNN  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR ( ) Delete  
Name: CHAPMAN HERRING, DIANE  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete  
Name: HERRING, JAMES EDWARD  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Delete  
Name: HERRING, MARK HENDERSON  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HERRING, TERRENCE L  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM (X) Change ( ) Addition  
Name: HERRING, DIANE C  
Address: 557 WAKULLA SPRINGS ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE C. HERRING

MGRM

07/23/2006

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