

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90018 029 ***138.75

| | | | |
|--|---|--|---|
| DOCUMENT # L05000110188 1. Entity Name H & H PROPERTY, LLC | | | |
| Principal Place of Business 1620 SOUTH DRIVE SARASOTA, FL 34234 | | Mailing Address 1620 SOUTH DRIVE SARASOTA, FL 34234 | |
| 2. Principal Place of Business - No P.O. Box # 11020 South Drive Suite, Apt. #, etc. | | 3. Mailing Address 11020 South Drive Suite, Apt. #, etc. | |
| City & State Sarasota FL Zip 34239 County | | City & State Sarasota FL Zip 34239 County | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 04242008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent CHARBONNEAU, ANDRE ESQ. 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 | | Make check payable to: Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SALHEISER, HANS R 1620 SOUTH DRIVE SARASOTA, FL 34239 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LEFFLER, HELMI 875 LEE ROAD 646 SALEM, AL 36874 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date 4/27/08 Daytime Phone # 941-952-5151 | |