2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

May 23, 2006 8:00 am Secretary of State 04-17-2006 90049 028 ****50.00 DOCUMENT # L05000122027 1. Entity Name H & H PROPERTY OF FLORIDA, LLC Principal Place of Business Mailing Address **617 EAST COLONIAL DRIVE** P.O. BOX 1060 30008895 ORLANDO, FL 32803 WINTER PARK, FL 32790 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number 404 2027 City & State Applied For Not Applicable Ζip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ZITZKA, JOSEPH W Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DR ORLANDO, FL 32801 City 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 SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when remassing) DATE Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MIMIP TTLE ME ☐ Change Addition Addition NAME R.C. Hill, II. 617 E. Colonial Dr. Orlands, FL 32803 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P TILE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME Deteta IFFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP MLE TITLE Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-DP 11. Thereby certify that the information supplied with this filling 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 it made under oath; that it am a managing member or manager of the limited liability company or the pocieties or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/06

Daytime Phone #

FILED