## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 23, 2006 8:00 am Secretary of State 04-17-2006 90049 030 \*\*\*\*50 00 **DOCUMENT #L05000122029** 1. Entity Name H & H PROPERTY HOLDING, LLC Principal Place of Business Mailing Address 30008836 **617 EAST COLONIAL DRIVE** P.O. BOX 1060 WINTER PARK, FL 32790 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 02102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-4041943 Not Applicable Ζip Country Ζìρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZITZKA, JOSEPH W ESQ Street Address (P.O. Box Number is Not Acceptable) 215 NORTH EOLA DRIVE 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 size if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MIMIP MILE Delete MILE NUME NAME Colonial Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ITILE ☐ Delete IIITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-ZIP CITY-S1-29 TITLE ☐ Deleta MLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP MIE ITILE Addition Oelete Change HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oeleta ☐ Change ■ Addition TIBLE IM F NUME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-72P ☐ Addition TITLE □ Delets MILE Change MEANS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 path; 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.

**FILED**