2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2007 8:00 am Secretary of State 05-01-2007 90321 023 ****50.00 DOCUMENT # L05000122029 1. Entity Name H & H PROPERTY HOLDING, LLC Mailing Address Principal Place of Business 60046821 617 EAST COLONIAL DRIVE P.O. BOX 1060 ORLANDO, FL 32803 WINTER PARK, FL 32790 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-4041943 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Delete TITLE TITLE HILL, R.C. II NAME NAME 617 E COLONIAL DR. STREET ADDRESS STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P pled with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rate 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 or trustee empowered to execute this report as required by Chapter 608, Floride Statutes. 11. I hereby certify that the information suppl indicated on this report is true and acclimited liability company or the receive SIGNATURE:

FILED

Davtime Phone #