

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008863

FILED
Apr 04, 2009
Secretary of State

Entity Name: HHH SAVANNAH FUND, LLC

Current Principal Place of Business:

2206 W. ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273760
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 20-4242104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHAMOVITCH, HARRY H
2206 W. ATLANTIC AVENUE
SUITE 201
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAHAMOVITCH, HARRY H
Address: 2206 W. ATLANTIC AVENUE, SUITE 201
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: MGR () Delete
Name: TAFT, HOWARD
Address: 1001 BRICKELL BAY DRIVE, SUITE 2112
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: GELMAN, CHARLES H
Address: 25 SE 2ND AVENUE, SUITE 1025
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

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

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 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: HARRY HAHAMOVITCH

MGRM

04/04/2009

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