

FILED
Jun 27, 2007 8:00 am
Secretary of State

05-08-2007 90112 045 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000012112			
1. Entity Name H, S & H INVESTMENTS LLC			
Principal Place of Business 950 EUCLID AVENUE 209 MIAMI BEACH, FL 33139 US		Mailing Address 950 EUCLID AVENUE 209 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box # 4918 NW 8 AVENUE		3. Mailing Address 4918 NW 8 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33127		Zip 33127	
Country		Country	
4. FEI Number 20-4330165		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOFACER, GILES C III 950 EUCLID AVENUE 209 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name H, S & H INVESTMENTS LLC Street Address (P.O. Box Number is Not Acceptable) 4918 NW 8 AVENUE City Miami FL Zip Code 33127	
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  DATE 4/30/07 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM GILES, HOFACER C III 950 EUCLID AVENUE, NO. 209 MIAMI BEACH, FL 33139 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM Giles, Hofacer C III 4918 NW 8 AVENUE Miami, FL 33127 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM HOWSON, CHRISTOPHER 73 MADISON STREET DENVER, CO 80206 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM SMITH, RODNEY 4350 TIMBERGLEN ROAD DALLAS, TX 75287 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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:  DATE 4/30/2007 305-753-1722 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			