2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# L06000013517

Entity Name: H & H HARVESTING, LLC

Current Principal Place of Business:

3235 DELWOOD TERRACE
LABELLE, FL 33935 US

New Principal Place of Business:

558 CHARWOOD AVENUE SOUTH
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

3235 DELWOOD TERRACE
LABELLE, FL 33935 US

New Mailing Address:

558 CHARWOOD AVENUE SOUTH
LEHIGH ACRES, FL 33936 US

FEI Number: 20-4384856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANSEN, WESLEY JR.
558 CHARWOOD AVE., SOUTH
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

HANSEN, WESLEY JR.
558 CHARWOOD AVE SOUTH
LEHIGH ACRES, FL 33936 US

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: WESLEY HANSEN JR 01/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HANSEN, WESLEY L JR.
Address: 558 CHARWOOD AVENUE S.
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGRM (X) Delete
Name: HILLMAN, ALTON E
Address: 242 BROOKSIDE STREET
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES:

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 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: WESLEY HANSEN JR MGRM 01/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date