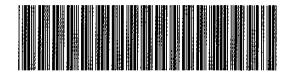


(Re	equestor's Name)	
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2006 JUL -6 AM II: 3

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June 20, 2006

HEIN KARMAN 9404 THURLOE PLACE ORLANDO, FL 32827

SUBJECT: HMH INVESTMENT LLC

Ref. Number: L06000034512

We have received your document for HMH INVESTMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 206A00041407

Refunded nil

DIVISION OF CORPORATIONS

2006 JUL -6 AM II: 32



CO	VER LETTER	
TO: Registration Section Division of Corporations	· ·	
	NVESTMENT, LLC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
HEIN KARMAN (Name of Person)		
(Firm/Company)		
, , , , , , , , , , , , , , , , , , , ,		
9404 THURLOE (Address)	PLACE S	SECRET DIVISION O
9404 THURLOE  (Address)  ORLANDO FL 3  (City/State and Zip Code)	<u></u>	SECRETARY OF STATE OF
·	2827 AMIII: 3	SECRETARY OF STATE DIVISION OF CORPORATIONS
ORLANDO FL 3.  (City/State and Zip Code)  For further information concerning this matter,	2827 AMIII: 3	SECRETARY OF STATE DIVISION OF CORPORATIONS
ORLANDO FL 3.  (City/State and Zip Code)  For further information concerning this matter,  HEIN KARMAN	2827 AM :: 32	SECRETARY OF STATE DIVISION OF CORPORATIONS
For further information concerning this matter,  WEIN KARMAN (Name of Person)  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	please call:  at (40) 924-4402 (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	SECRETARY OF STATE DIVISION OF L'ORPORATIONS

INHS18 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: HTH INVESTITENT LLC			
2. The mailing address of the limited liability company is:			
P.O. BOX 621772 ORLANDO FL 32862			
$\frac{04   03   2006}{3. \text{ Date of filing/registration in Florida}} \qquad \frac{L06000034512}{4. \text{ Document number}}$			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
HEIN KARMAN			
3844 HUNTERS ISLE DR.			
ORLANDO FL 32837 City, State and Zip  6. The name and address of the new registered agent and/or office:  HEIN KARMAN			
6. The name and address of the new registered agent and/or office:			
HEIN KARMAN			
Plorida street address (P.O. Box NOT acceptable)			
ORLANDO, FL 32827			
City, State and Zip			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
(Signature of a member)			
(Printed or typed name of signee)			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I have confirm that the limited liability company has been notified in writing of this change.			
(Signature of Registered Agent)			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			