

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093786

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: HHC III, LLC

## Current Principal Place of Business:

108 OAK AVENUE  
ANNA MARIA, FL 34216

## New Principal Place of Business:

520 GERBER STREET  
LIGONIER, IN 46767 US

## Current Mailing Address:

P.O. BOX 880  
ANNA MARIA, FL 34216

## New Mailing Address:

POST OFFICE BOX 500  
520 GERBER STREET  
LIGONIER, IN 46767 US

FEI Number: 20-5973789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEPAOLA, JASON M ESQ.  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 US

## Name and Address of New Registered Agent:

DEPAOLA, JASON M ESQ.  
PORGES, HAMLIN, ET AL.  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: JASON M. DEPAOLA

04/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition  
Name: HAGEN, MARK D  
Address: 520 GERBER STREET  
City-St-Zip: LIGONIER, IN 46767 US

Title: VP ( ) Change (X) Addition  
Name: HAGEN, NANCY B  
Address: 520 GERBER STREET  
City-St-Zip: LIGONIER, IN 46767 US

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: MARK D. HAGEN

P

04/04/2007

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