


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 031 ****55.00

DOCUMENT # L06000100493 1. Entity Name HHA PROPERTIES, LLC					
Principal Place of Business 1088 HWY 92 WEST AUBURNDALE, FL 33823 US			Mailing Address 1088 HWY 92 WEST AUBURNDALE, FL 33823 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 657			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State AUBURNDALE FL		4. FEI Number 20-5893272	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33823		Country		01112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PUTNAM, ABEL A 500 SOUTH FLORIDA AVENUE SUITE 300 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 HUFSTEDLER, BRUCE 1088 HWY 92 WEST AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFSTEDLER, JEFF 1088 HWY 92 WEST AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, DAN 1088 HWY 92 WEST AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUFSTEDLER, BRUCE 1088 HWY 92 WEST AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARMSTRONG, DAN 1088 HWY 92 WEST AUBURNDALE, FL 33823	<input type="checkbox"/> Delete			
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: Bruce E. Hufst				01/16/07 (863) 965-8201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	
BRUCE E. HUFSTEDLER					