

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

50824 79 00092
08-28-2008 90039 002 ***538.55
09-12-2008 90017 002 ***40
L07000008119

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 12 PM 2:44

FILED

DOCUMENT # L07000008119 1. Entity Name H & H PROPERTIES 1, LLC	
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Principal Place of Business 7830 SW 47 AVENUE MIAMI, FL 33143	Mailing Address 7830 SW 47 AVENUE MIAMI, FL 33143
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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09112008 Chg-LLC CR2E083 (12/06)

4. FEL Number 208521511	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAGLE, PETER B 2555 PONCE DE LEON BLVD., #320 CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

FILE NOW! FEB 12 \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECTOR, NANCY T 7830 SW 47 AVENUE MIAMI, FL 33143 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 08

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: Nancy T. Hektor 7/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #