## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000044260

903 N. GOLF DRIVE

City-St-Zip: HOLLYWOOD, FL 33021

Address:

Entity Name: HH&I, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:		New Principa	New Principal Place of Business:	
	STWOOD DR. VILLE, FL 32259 US			
Current Mailing Address:		New Mailing	New Mailing Address:	
	STWOOD DR. VILLE, FL 32259 US			
FEI Number:	: 26-0151941 FEI Number Ap	plied For ( ) FEI Number Not Applicab	ole ( ) Certificate of Status Desired ( )	
Name and	Address of Current Registe	red Agent: Name and Ad	dress of New Registered Agent:	
	SHAWN STWOOD DR. SVILLE, FL 32259 US			
	named entity submits this state of Florida.	ement for the purpose of changing its re	egistered office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of I	Registered Agent	Date	
MANAGING	MEMBERS/MANAGERS:	ADDITIONS/CHA	NGES:	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete HESTON, SHAWN 1135 WESTWOOD DR. JACKSONVILLE, FL 32259 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete HESTON, KATHY 1135 WESTWOOD DR. JACKSONVILLE, FL 32259	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MGR ( ) Delete HESTON, NEWT 903 N GOLF DRIVE HOLLYWOOD, FL 33021	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	MGR () Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: KATHY HESTON MGR 04/15/2009