

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069692

Entity Name: H.H.O. PARTNERS, L.L.C.

FILED
Apr 19, 2009
Secretary of State

Current Principal Place of Business:

13672 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

13624 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

13672 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Mailing Address:

13624 TAMIAMI TRAIL
NORTH PORT, FL 34287

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIVEIROS, PAUL
13672 TAMIAMI TRAIL
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

VIVEIROS, PAUL
13624 TAMIAMI TRAIL
NORTH PORT, FL 34287 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: PAUL VIVEIROS

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VIVEIROS, PAUL
Address: 13672 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: MGR () Delete
Name: ONORATO, ANTHONY D
Address: 13672 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VIVEIROS, PAUL
Address: 13624 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: MGR (X) Change () Addition
Name: ONORATO, ANTHONY D
Address: 13624 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

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.

SIGNATURE: PAUL VIVEIROS

MGR

04/19/2009

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