

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L94000000597**

1. Entity Name  
H & V INCOME, L.C.



Principal Place of Business  
2901 W. BUSCH BLVD. #901  
TAMPA, FL 33618

Mailing Address  
2901 W. BUSCH BLVD. #901  
TAMPA, FL 33618



01092008 No Chg-LLC

CR2ED83 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3277916

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BEKIEMPIS, VINCENT  
2901 W. BUSCH BLVD. #901  
TAMPA, FL 33618

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
BEKIEMPIS, VINCENT  
2901 W. BUSCH BLVD. #901  
TAMPA, FL 33618

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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000000496405  
04/22/06-80013-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/17/06

Date

813-915-9777

Daytime Phone #