


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L94000000597</b> 1. Entity Name H & V INCOME, L.C.	
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Principal Place of Business 2901 W. BUSCH BLVD. #901 TAMPA, FL 33618	Mailing Address 2901 W. BUSCH BLVD. #901 TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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05102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3277916	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  BEKIEMPIS, VINCENT 2901 W. BUSCH BLVD. #901 TAMPA, FL 33618
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

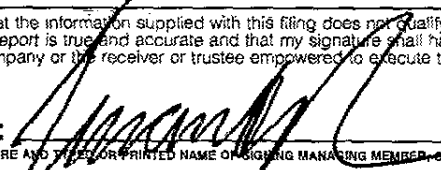
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BEKIEMPIS, VINCENT 2901 W. BUSCH BLVD. #901 TAMPA, FL 33618
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<p>1000000788585 07/13/07-80003-017 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **(813) 95-9777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date **6/7/07** Copy me Phone #

Vincent Bekiempis