## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2008 8:00 am Secretary of State

		1721 3111			,		ary Or		
DOCUMENT # L9900004089  1. Entity Name HHI, L.L.C.						04-30-2008	90038 012	***138	8.75
Principal Place of Business Mailing Address 450 EAST LAS OLAS BOULEVARD, SUITE 1500 450 EAST LAS OLAS BOU			OHI EVARD SHITE	1500		6003478	e Ca		
FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301						000310	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business - No P.O. Box # 3. Mailing Address			<del></del>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008	Chg-LLC	CR2E083	(12/06)	
City & State		City & State			4. FEI Numbe				plied For t Applicable
Zîp	Country	Zip	Country			of Status Desired		.00 Addi	itional
	6. Name and Address of Current	Registered Agent	·		7. Name and	Address of New I	Registered Age	ent	
	<del></del>	-			Sarvica I	IS A Inc			
AMERICAN INFORMATION SERVICES, INC.			-			J.S.A., Inc			
MIAMI, FL	THIRD AVENUE, 28TH FLOOF	≺		4.		Olas Blvd.			
14117 (1417), 1 (2	55.5.					1500			
			<u> </u>	Ft. l	Lauderda	le, FL 333	01 7	Zip Code	<del></del>
O. The above	named entity Jubrytts this statement for	s the assess of changing its			d nacht ar hat	h in the Plate of E	•   asida   am tam	iline with	and account
the obligat	ions of registered agent.	r the purpose of changing its		registere	su agent, or bot	n, in the State of Fi	1 1		and accept
		and Ba	( )0	•			4/11/18	~	
CICNIATUDE		113 U Wrand	en UF				<i>[[[[]</i> ]]]	)	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title il applicable. (NOT	E: Registered Agent signatu	re required v	when reinstating)		DATE	<u></u>	
FILE	Signature, typed or printed name of registered agent at NOW!!! FEE IS \$138.75 r 1, 2008 Fee will be \$538.75		E: Registered Agent signatu	ire required v	when reinstating)		DATE  ke check paya a Department	able to	•
FILE	NOW!!! FEE IS \$138.75	•	E: Registered Agent signatu	ure required v	when reinstating)	Florid	DATE	able to	•
FILE After May	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75	•		re required v	when reinstaling)	Florid	DATE  Ke check pays a Department	able to	Addition
FILE After May 9. TiTLE NAME	MANAGING MEMBE MGR HUIZENGA HOLDINGS, INC.	RS/MANAGERS	10. TITLE NAME	re required v	when reinstating)	Florid	DATE  Ke check pays a Department	able to	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR HUIZENGA HOLDINGS, INC.	RS/MANAGERS Delete  RD, SUITE 1500	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	re required v	when reinstaling)	Florid	Re check pays a Department /CHANGES	able to t of State	☐ Addition
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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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Cris V Brandon SIGNATURE: Drandon SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #