2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

Daytima Phoce #

ANNUAL REPORT				Secretary of State		
DOCUI	MENT # M02000	000643			•	
	H STREET, LLC					
Principal Place 733-B NE 16	•	Mailing Address 733-B NE 167H AVE.	<u>.</u>			
FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 3330			4)	ESSE COUNT O ELEC O d 'AUT O COR O (SEE LE CELL CELL CELL CELL CELL CELL CEL	
DO NOT WRITE IN THIS SPA			^E	03252006No Chg-LLC	CR2E083 (11/05)	
			∵ ⊑	4. FEI Number 52-2097831	Applied For Not Applicable	
	6 Name and Address of Co	rment Registered Agent	Τ	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, WILLIAM				DO NOT WE	DITE	
733-B NE 16TH AVE. FORT LAUDERDALE, FL 33304			DO NOT WRITE IN THIS SPACE			
			}	IN THIS SEP		
	named entity submits this statem	nent for the purpose of changing its register	(ed office or register	red agent, or both, in the State of Florid	da. I am familiar with, and accept	
SIGNATURE_	William Stgnature, typed or printed name of registra	alkur (NOTE Realistic	d Agent signatura required	i when (Bratatrici)	DATE	
Fi	lling Fee is \$50.00 ue by May 1, 2006					
9.		EMBERS/MANAGERS	,			
TITLE MARK	MGR ADKINS, WILLIAM					
STREET ADDRESS CITY-ST-ZIP		33304		U000004 8471 8 706-8	90197 10048-001 50.00	
TIPLE	MGR PLACE, CHRISTOPHER		1	a w fawaa o		
STREET ADDRESS CITY-ST-ZIP	733-B NE 16TH AVE. FORT LAUDERDALE, FL 3	33304				
TITLE NAME						
STREET ADDRESS CITY -ST - ZIP				DO NOT WE	RITE	
TATLE NAME				IN THIS SPA	ACE	
STREET ADDRESS CITY-ST-ZIP			}			
TITLE NAME						
STREET ADDRESS						

11. I hereby certify that the information supplied with this filing does not quality 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 it 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: (d) Ween Julian	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date

TITLE
NAME
STREET ADDRESS
CITY-ST-ZUP