

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003397

FILED
Jul 13, 2007
Secretary of State

Entity Name: H4C, LLC

Current Principal Place of Business:

3525 AIRPORT DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

12460 CRABAPPLE ROAD
STE. 200, BOX 123
ALPHARETTA, GA 30004

New Mailing Address:

12460 CRABAPPLE ROAD
STE. 202, BOX 123
ALPHARETTA, GA 30004

FEI Number: 76-0704618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KISH, JEFFREY G
Address: 545 KENSINGTON FARMS DRIVE
City-St-Zip: ALPHARETTA, GA 30004

Title: MGR () Delete
Name: KISH, ELLEN
Address: 545 KENSINGTON FARMS DRIVE
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLEN KISH

MGR

07/13/2007

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