2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90019 037 ****50.00 DOCUMENT # M0400002636 HH594 LLC Principal Place of Business Mailing Address 3555 NORTHLAKE BLVD. 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33403 02102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0756598 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAETA, NEIL J DO NOT WRITE 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 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, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR M GAETA, NEIL J NAME 3555 NORTHLAKE BLVD. STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS, FL 33403 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 truetor empowered to execute this report as required by Chapter 608, Florida Statutes.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IN THIS SPACE

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