
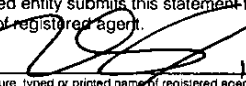



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90038 013 \*\*\*\*50.00

<b>DOCUMENT # M04000002636</b> 1. Entity Name <b>HH594 LLC</b>			
Principal Place of Business <b>3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>		Mailing Address <b>3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>	
2. Principal Place of Business <b>5220 Hood Road</b> Suite, Apt. #, etc. <b>Ste. 100</b>		3. Mailing Address <b>5220 Hood Road</b> Suite, Apt. #, etc. <b>Ste. 100</b>	
City & State <b>Palm Beach gardens, FL</b> Zip <b>33418</b>		City & State <b>Palm Beach Gardens, FL</b> Zip <b>33418</b>	
4. FEI Number <b>76-0756598</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04042006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>GAETA, NEIL J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403</b>		7. Name and Address of New Registered Agent Name <b>Gaeta, Neil J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5220 Hood Road</b> Suite 100 City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>	
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  <b>Managing Member</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/4/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAETA, NEIL J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Managing Member</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>4/4/06</b> (561) 627-1900 <small>Date Daytime Phone #</small>	