


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90038 014 ****50.00

DOCUMENT # M04000002845	
1. Entity Name HH558 PHILADELPHIA, LLC	

Principal Place of Business 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	Mailing Address 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403
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2. Principal Place of Business 5220 Hood Road	3. Mailing Address 5220 Hood Road
Suite, Apt. #, etc. Ste. 100	Suite, Apt. #, etc. Ste. 100
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL
Zip 33418	Country

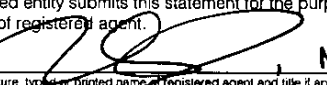


04042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3716865	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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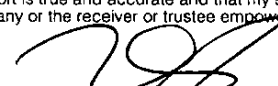
6. Name and Address of Current Registered Agent GAETA, NEIL J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name Gaeta, Neil J. Street Address (P.O. Box Number is Not Acceptable) 5220 Hood Road, Suite 100 City Palm Beach Gardens FL Zip Code 33418
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8. 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  Managing Member	DATE 4/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAETA, NEIL J 3555 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5220 Hood Road, Suite 100 Palm Beach Gardens, FL 33418 <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
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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:  Managing Member	DATE 4/4/06 (561)627-1900

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

Date

Daytime Phone #