

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001641

Entity Name: HHG FINANCIAL, LLC

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

4635 TRUEMAN BLVD STE 50  
HILLARD, OH 43026

## New Principal Place of Business:

4635 TRUEMAN BLVD  
SUITE 50  
HILLARD, OH 43026

## Current Mailing Address:

4635 TRUEMAN BLVD STE 50  
HILLARD, OH 43026

## New Mailing Address:

4635 TRUEMAN BLVD  
SUITE 50  
HILLARD, OH 43026

FEI Number: 42-1682024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: HILDENBRAND, DAVID  
Address: 4635 TRUEMAN BLVD STE 50  
City-St-Zip: HILLARD, OH 43026

Title: MGRM ( ) Delete  
Name: HEMINGER, BROOKS  
Address: 4635 TRUEMAN BLVD STE 50  
City-St-Zip: HILLARD, OH 43026

Title: MGRM ( ) Delete  
Name: GREENBAUM, MICHAEL  
Address: 4635 TRUEMAN BLVD STE 50  
City-St-Zip: HILLARD, OH 43026

## ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition  
Name: ALFONSI, EUGENE  
Address: 4635 TRUEMAN BLVD STE 50  
City-St-Zip: HILLARD, OH 43026

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID HILDENBRAND

MGRM

01/16/2007

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