2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 23, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam NH HOLD		5926				01-23-2006 90	0141 046 ****	50.00	
Principal Place of Business 2100 CONSTITUTION BLVD., STE. 166 SARASOTA, FL 34231-4146		Mailing Address 3118 DICK WILSON DR SARASOTA, FL 34240		20002007					
2. Principal P	lace of Business	3. Mailing Address							
3118 Dick Wilson Dr. Sarasota, FL 34240		Suite, Apt. #, etc.			80 85 88 88 46	} U\$ \$ F WU\ MIXIM 14 IM 1	1818 BIIÆBF III IU	J I I	
		Suite, Apr. #, etc.			01142006 Chg-LLC CR2E083 (11/05)				
[City & State			4. FEI Numbe 52-2284			Applied F	
Zip	Country	Zip	Country		 	of Status Desired	□ \$5.00 Fee Re	Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R			·
RUSSELL,	IOANNE		9 9m	SAK	ne s	Jame	,		
2100 CON	STITUTION BLVD., STE. 115	•	Stree	t Address	(P.O. Box Numbe	r is Not Acceptable	e)		
L_	A, FL 34231-4146				<u>18 Dick Wils</u> Sarasota, F.L 3:	10.40			
KES A	me Name fferent A named entity submits this statement	11	City				Žin	Code	
	fferent H	ddress on	<u> </u>				<u> </u>		
the obligat	Signatural Jopes or priviled name of registered agent.	ussell	TE: Registered Agent si			/-	17-C)6	_
	iling Fee is \$50.00 ue by May 1, 2006						te check payable a Department of		
9.	MANAGING MEME	BERS/MANAGERS	10.		1.	ADDITIONS	/CHANGES		
TITLE	MGRM	Delete	TITLE				□ Ch	ange 🔲 A	Addition
NAME STREET ADDRESS	JOANNE RUSSELL 3118 DICK WILSON DR		NAME Street addre	SS					
CHTY-ST-ZIP	SARASOTA, FL 34240		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Ch	ange 🔲 A	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	~					
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STREET ADDRESS			STREET ADDRE	ss					
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NAME STREET ADDRESS			NAME OTDEET ADDRE						
CITY-ST-ZIP			STREET ADDRE	00					
	certify that the information supplied w	ith this filing does not qualify f		contained	t in Chanter 119	Florida Statutes 1 f	urther certify that th	ae informatic	

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: 1-17-06 941-724-033
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date District Phone #