FILED 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** Feb 15, 2008 08:00 AM Secretary of State **DOCUMENT # L00000015926** 1. Entity Name NH HOLDING, LLC Mailing Address Principal Place of Business 3118 DICK WILSON DR 3118 DICK WILSON DR SARASOTA, FL 34240 SARASOTA, FL 34240 01302008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2284108 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required a9.1.22. 6. Name and Address of Current Registered Agent DO NOT WRITE RUSSELL, JOANNE 3118 DICK WILSON DR IN THIS SPACE SARASOTA FL 34240 8. The above named entity submits this stategrent 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. (NOTE Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 02/28/08-80017-001 138.75 MANAGING MEMBERS/MANAGERS TITLE MGRM JOANNE RUSSELL NAME 3118 DICK WILSON DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE

STREET ADDRESS CITY-ST-ZIP