2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000855

1. Entity Name
DMH DEVELOPMENT, LLC



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

12002 MIRAMAR PARKWAY MIRAMAR, FL 33025 Mailing Address

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DO NOT WRITE IN THIS SPACE

04192006No Chg-LLC (

CR2E083 (11/05)

4. FEI Number 54-2072434

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION 100 S.E. SECOND STREET, SUITE 2800 MIAMI, FL 33131-1714

DO NOT WRITE IN THIS SPACE

| 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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006 000000542309 05/10/06-80091-025 50.00

| 9. | MANAGING MEMBERS/MANAGERS | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM HOWELL, DAVID M 12002 MIRAMAR PKWY MIRAMAR, FL 33025 | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 11. I hereby certify that the information supplied with this filling does not qualify for the ex | | | |

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 epsiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #