

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029568 1. Entity Name IHM, L.L.C.	
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Principal Place of Business 3180 MATHIESON DRIVE, UNIT 812 ATLANTA, GA 30305	Mailing Address 3180 MATHIESON DRIVE, UNIT 812 ATLANTA, GA 30305
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DO NOT WRITE IN THIS SPACE

02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0434713	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30A, SUITE 105
SEAGROVE BEACH, FL 32459**

**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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

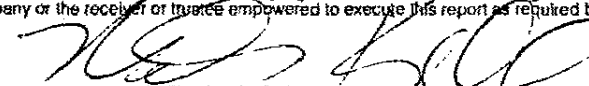
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELL, MELANIE ANNE 3180 MATHIESON DR., UNIT 812 ATLANTA, GA 30305
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IN THIS SPACE**

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02/16/04-80037-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7-13-04** **404-816-4336**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #