

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90041 017 \*\*\*\*50.00

<b>DOCUMENT # L02000030549</b>					
<b>1. Entity Name</b> A & H INVESTMENT GROUP, LLC					
<b>Principal Place of Business</b> 920 GEORGE HECKER DR. SOUTH DAYTONA, FL 32119			<b>Mailing Address</b> 920 GEORGE HECKER DR. SOUTH DAYTONA, FL 32119		
<b>2. Principal Place of Business</b> 4 LAST SPRING WAY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4 LAST SPRING WAY Suite, Apt. #, etc.			
<b>City &amp; State</b> ORMOND BEACH FL.		<b>City &amp; State</b> ORMOND BEACH FL		<b>4. FEI Number</b> 43-1980839	
<b>Zip</b> 32174		<b>Country</b> US		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				04182005 Chg-LLC CR2E083 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> HUMBERT, WILLIAM 920 GEORGE HECKER DR SOUTH DAYTONA, FL 32119			<b>7. Name and Address of New Registered Agent</b> Name: WILLIAM HUMBERT Street Address (P.O. Box Number is Not Acceptable): 4 LAST SPRING WAY City: ORMOND BEACH FL Zip Code: 32174		
<b>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.</b> SIGNATURE: <u>William Humbert</u> WILLIAM HUMBERT 4/20/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, FREDERICK 920 GEORGE HECKER DR SOUTH DAYTONA, FL 32119 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMBERT, WILLIAM 920 GEORGE HECKER DR SOUTH DAYTONA, FL 32119 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUMBERT WILLIAM 4 LAST SPRING WAY ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <u>William Humbert</u> WILLIAM HUMBERT 4/20/05 (386) 566-3021 <small>SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					