

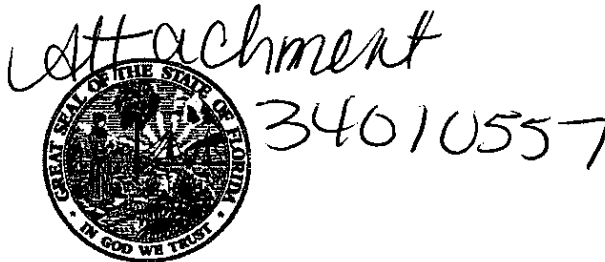
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/8/04

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-08-2004 90002 011 ****50.00

DOCUMENT # L03000025857 1. Entity Name A & H PROPERTIES, LLC																																								
Principal Place of Business 1480 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312			Mailing Address 1480 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312																																					
2. Principal Place of Business 1480 Timberlane Road Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.																																						
City & State Tallahassee, FL Zip FL 32312		City & State Zip Country 		4. FEI Number 37-1470998 Applied For ☐ Not Applicable																																				
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																								
6. Name and Address of Current Registered Agent STEPHENS, JAMES-A 1415-TIMBERLANE ROAD TALLAHASSEE FL 32312																																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004																																				
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 <u>James A. Stephens, OD</u> (Signature, typed or printed name of registered agent and title if applicable)																																								
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> C.O.O. / Pres James A. Stephens, OD 1480 Timberlane Rd Tallahassee, Fla 32312 </td> <td style="text-align: right;"> ☐ Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. / Pres James A. Stephens, OD 1480 Timberlane Rd Tallahassee, Fla 32312	☐ Delete																			10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> ☐ Change ☐ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition												
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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.																																								
SIGNATURE <u>James A. Stephens</u> James A. Stephens 9/2/04 (850) 893-4005 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																								



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 9, 2004

A & H PROPERTIES, LLC
1415 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Subject: **A & H PROPERTIES, LLC**

Reference Number: **L03000025857**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314
WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/bg

ANNUAL REPORTS SECTION