2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Apr 07, 2008 08:00 A Secretary of State DOCUMENT # L03000025857 1. Eritity Name A & H PROPERTIES, LLC Principal Place of Business Mailing Address 1480 TIMBERLANE ROAD 1480 TIMBERLANE ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 37-1470998 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENS, JAMES A Street Address (P.O. Box Number is Not Acceptable) 1415 TIMBÉRLANE ROAD TALLAHASSEE FL 32312 City 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, typed or or med name of registered agent and title if gopusacie, (NOTE: Registored Agent's gliature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE Change ☐ Delete TITLE ☐ Addition NAME STEPHENS, JAMES A O.D. U000000893891 STREET ADDRESS 1480 TIMBERLANE RD STREET ADDRESS 04/17/08-80022-001 138.75 CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete шт Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Continue Tille NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; 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.

FILED