

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034436

FILED  
Jul 05, 2006  
Secretary of State

Entity Name: ARMSTRONG HAILE VILLAGE, LLC

**Current Principal Place of Business:**

2100 WHARTON STREET, SUITE 700  
PITTSBURGH, PA 15203

**New Principal Place of Business:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**Current Mailing Address:**

2100 WHARTON STREET, SUITE 700  
PITTSBURGH, PA 15203

**New Mailing Address:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

FEI Number: 27-0102494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GOINS, ALLEN  
AG ARMSTRONG DEVELOPMENT LLC  
13801 N DALE MABRY HWY, SUITE 200  
TAMPA, FL 33618 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: GOINS, ALLEN  
Address: 13801 N DALE MABRY HWY, SUITE 200  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: CAMPBELL, KIRBY J  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: SEDWICK, DRU A  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: JAMIESCH, DAVID R  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR (X) Change ( ) Addition  
Name: JAMIESON, DAVID R  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID REAMS JAMIESON

MGR

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date