

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90042 028 \*\*\*\*50.00

<b>DOCUMENT # L04000058700</b> 1. Entity Name <b>ATH, LLC</b>			
Principal Place of Business <b>5440 BEAUMONT CENTER BLVD STE 400 TAMPA, FL 33634</b>		Mailing Address <b>5440 BEAUMONT CENTER BLVD STE 400 TAMPA, FL 33634</b>	
2. Principal Place of Business <b>2022 HENDRICKS AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2022 HENDRICKS AVE</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE FL</b> Zip Country <b>32207 U.S.</b>		City & State <b>JACKSONVILLE FL</b> Zip Country <b>32207 U.S.</b>	
4. FEI Number <b>20-1631550</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04172006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>RUTH, RICHARD 5440 BEAUMONT CENTER BLVD STE 400 TAMPA, FL 33634</b>		7. Name and Address of New Registered Agent Name <b>BLACKBURN &amp; COMPANY, L.C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5150 BELFORT RD. SO.</b> <b>BUILDING 500</b> City <b>JACKSONVILLE FL</b> Zip Code <b>32207</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. SIGNATURE <u><i>Ruth Blackburn</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASON, RAYMOND K 2022 HENDRICKS AVE JACKSONVILLE, FL 32207 <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	MGR RUTH, RICHARD 5440 BEAUMONT CENTER BLVD, STE 400 TAMPA, FL 33634 <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	MGR THEOBALD, JOHN 747 THIRD AVE, 19TH FLOOR NEW YORK, NY 10017 <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	MGR LARSON, JONATHAN 50 BETTARY ST, STE 501 BOSTON, MA 02109 <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	MGR MC CABE, JOHN 301 4TH ST. BOX 30150 ALEXANDRIA, LA 71301 <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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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><i>Raymond K. Mason</i></u> <b>RAYMOND K. MASON</b> 4/24/06 (904) 396-8166 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			