

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068349

Entity Name: ADFHV, LLC

FILED  
Mar 12, 2006  
Secretary of State

## Current Principal Place of Business:

681 S.E. STREAMLET AVENUE  
PORT ST. LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

681 S.E. STREAMLET AVENUE  
PORT ST. LUCIE, FL 34983

## New Mailing Address:

FEI Number: 20-1643672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOX, MARK  
681 S.E. STREAMLET AVENUE  
PORT ST. LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete  
Name: FOX, MARK  
Address: 681 SE STREAMLET AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR ( ) Delete  
Name: ABRAHAMSON, TOM  
Address: 6048 PIER PLACE DR  
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete  
Name: HAGEN, VIVIAN  
Address: 1495 BENJAMIN STREET NE  
City-St-Zip: MINNEAPOLIS, MN 55418

Title: MGRM ( ) Delete  
Name: HAGEN, CARL ALBERT  
Address: 1495 BENJAMIN STREET NE  
City-St-Zip: MINNEAPOLIS, MN 55418

Title: MGRM ( ) Delete  
Name: VIERS, MARE  
Address: 6295 NIAGARA COURT N  
City-St-Zip: MAPLE GROVE, MN 55311

Title: MGRM ( ) Delete  
Name: HAVASI, IMRE  
Address: 6836 CRESCENT OAK CIRCLE  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM (X) Change ( ) Addition  
Name: VIERS, MARC  
Address: 6295 NIAGARA COURT N  
City-St-Zip: MAPLE GROVE, MN 55311

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

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: MARK FOX

MGR

03/12/2006

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