2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2008 08:00 AM Secretary of State

AINIOAL ILLI OK!				Secretary of Stat	
DOCU 1. Entity Nar DH, LLC		413		~	or constant
Principal Plac	ce of Business	Mailing Address			
1051 NE 86		1051 NE 86 ST			
MIAMI, FL 3	33138 US	MIAMI, FL 33138 US			
				 	lik 18:li (889) i9ili biral kinas kiral ki kari
	Andrew Control of the same of the same	a de constituir de la companya de la	atari asata dan		
				(1861/611 811 861 61811 861 881 84	
DO NOT WRITE IN THIS SPAC				04242008No Chg-LLC	CR2E083 (12/07)
L.	O'NOI WRITE	IN THIS SPA	ACE液体的	4. FEI Number	Applied For
				20-1229761	Not Applicable
CONTRACTOR OF SEC.	The state of the s	是被批准的		5. Certificate of Status Desired	55.00 Additional Fee Required
3 - 3x 3x 4	6. Name and Address of Current Re	egistered Agent	THE WAS TO SELECT	The state of the s	Fee Required
HERRERA	A, TR ALLANDALE BCH, BLVD.			DO NOT W	RITE
1004			The second		i i i i i i i i i i i i i i i i i i i
HALLAND	ALE, FL 33009		The state of the state of	IN THIS SP	AUE
8. The above	named entity submits this statement for t tions of registered agent.	he purpose of changing its regis	tered office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Regis	tered Agent signature required	when reinstitting)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANUACING MEMBER	CAMANACTOC	1 to 1 to 1	05/23708	-ŘŰŎŔŠ-QO8 138.75
TITLE	MANAGING MEMBERS	5/MANAGERS			
NAME	RABIN, PAMELA P				
STREET ADDRESS	1051 NE 86 ST		THE PROPERTY OF		
CITY-ST-ZIP	MIAMI, FL 33138				
TITLE NAME			William Till		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE				DO NOT W IN THIS SE	
NAME				IN THIS SE	ACE
STREET ADDRESS					
CITY-ST-ZIP					
TITLE .					
NAME STREET ADDRESS				But a selection and	
CITY-ST-ZIP				高心。1965年中华多种	SOUTH PROPERTY.
TITLE			- Kerenie		
NAME	l		■ 113 m = 1 45 3 2	The second secon	The state of the s
			The state of the s		
STREET ADDRESS CITY+ST+ZIP		•	The state of the s	the state of the s	

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 are execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

4-24-08 305 154 9394