2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000083775** 04-27-2005 90035 043 ****50.00 1. Entity Name AHDG, LLC Principal Place of Business Mailing Address 124 11217 SAN JOSE BOULEVARD 11217 SAN JOSE BOULEVARD JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 26-0100323 Not Applicable Zip Country Zip Country \$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 F & L CORP. Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202-3520 City FI Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change Addition P NAME ATROIT, CHAILES TIL NAME ARNOLD, CHARLES W III 11017 PAT CONTINT. STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. CITY+ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE □ Defete TITLE VP ☐ Change Addition NAME NAME HINSON, DAVID L STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32223 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME SKAFF, DANA R 11217 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE ☐ Delete TITLE Change X Addition NAME NAME JOHNSON, SUSAN K STREET ADDRESS STREET ADDRESS 11217 SAN JOSE BLVD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE Delete Addition ☐ Change NAME UDELL, ROBERT E NAME 11217 SAN JOSE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information experied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (ability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SUSAN JOHNSON

NATISE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

4-25**-**05

904-880-0464

Daytime Phone #

FILED