2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000086382 1. Entity Name

FILED Feb 27, 2007 8:00 am Secretary of State 02-27-2007 90080 012 ****50.00

Mailting Additions Supplementary Supplement Suppl	HRH DESIGN ASSOCIATES, L.L.C.					9					
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State A. FEI Number Z0-19399007 City & State City & City & State City & State City & City	920 8TH AVE, S STE D		344 PT VEDRA BLVD								
Suite. Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Conflictate of Status Desired	2. Principal Pi	ace of Business - No P.O. Box #									
Zip Country Zip Country Sip Status Desired Status D	Suite, Apt. #, etc.		·			_	Chg-LLC	CR2E08	3 (12/06)		
S. Certificate of Status See Sequence	City & State		City & State								
Name	Zip	Country Zip Cour				5. Certificat	e of Status Desired				
DUSS, JOHN S IV, ESQ FORD BOWLUS DUSS MORGAN KENNEY SAFER 8 HAM 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257 2. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the fired of the obligations of registered agent agent and the registered agent agent and the registered agent agent and the registered agent agen		6. Name and Address of Current			7. Name an	d Address of New R	egistered Ag	jent			
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City City FL 32257 City FL 20 Code City City FL 20 Code City	FORD BOV	EY SAFER & HAM	Street Address (P.O. Box Num			per is Not Acceptable	9)				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. Signature Symbol Sym			1								
SIGNATURE Signature State State				Cì	ty			FL	Zip Code)	
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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		postific that the information according to the	h this filing does not qualify for	_ 		od in Chanter 11	9. Florida Statutos I f	urther certify	that the info	rmation	

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oats; that I am a managing member or manager of the limited liability company or the receiver of tostee empowered to execute this report as required by Chapter 608, Florida Statutes.