FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90044 036 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000031125

1. Entity Name
JVH, LLC

*00039739

Principal Place of Business	Mailing Address
C/O JORDAN L. WALLACH, ESQ. 1800 SECOND STREET, SUITE 900 SARASOTA, FL 34236	C/O JORDAN L. WALLACH, ESQ. 1800 SECOND STREET, SUITE 900 SARASOTA, FL 34236

2. Principal Place of Business	3. Mailing Address
c/o Silverstein	c/o J Vanhoof
Suite, Apt. #, etc.: 180 N. Lime Ave	Suite, Apt. #, etc.: 1238 Idlewild Court
City & State: Sarasota, FL	City & State: Sarasota FL
Zip: 34237 Country: Sara	Zip: 34243 Country: Manatee

04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 43-2078507 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALLACH, JORDAN L ESQ. 1800 SECOND STREET, SUITE 900 SARASOTA, FL 34236	Name: Johannes Van Hoof Street Address (P.O. Box Number Is Not Acceptable): 1238 IDLEWILD Court City: Sarasota FL Zip Code: 34243

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] JOHANNES VANHOOF 4/28/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 VAN HOOF, JOHANNES 1800 SECOND STREET, SUITE 900 SARASOTA, FL 34236	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Van hoof, Johannes 1238 IDLEWILD Court Sarasota FL 34243	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] JOHANNES VANHOOF 4/28/06 9413020988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #