


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 18 AM 9:47

<b>DOCUMENT # L05000032949</b> 1. Entity Name DH2, LLC	
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Principal Place of Business 5511 HANSEL AVENUE ORLANDO, FL 32809	Mailing Address 5511 HANSEL AVENUE ORLANDO, FL 32809
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	08012006 Chg-LLC CR2E083 (11/05)
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City & State	City & State	4. FEI Number 20-4838859	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RUSH, RANDOLPH J 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name <u>DOUGLAS P. HOOKER</u> Street Address (P.O. Box Number is Not Acceptable) <u>5511 HANSEL AVE</u>  City <u>ORLANDO</u> FL <u>32809</u>
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: 8-15-06

<b>Amended AR is \$50.00</b>	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	Delete		TITLE	NAME	Change	Addition
	D HUBER, DONALD M 625 MAIN ST., STE #27 WINDERMERE, FL 34786	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D REGIONAL DEVELOPMENT GROUP INC. 5511 HANSEL AVE. ORLANDO, FL 32809	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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]* DATE: 8-15-06 DAYTIME PHONE #: 407/851-4519