


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<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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<b>DO NOT WRITE IN THIS SPACE</b>
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04242007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4838859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HOOKER, DOUGLAS P 5511 HANSEL AVE ORLANDO, FL 32809
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBER, DONALD M 625 MAIN ST., STE #27 WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGIONAL DEVELOPMENT GROUP INC. 5511 HANSEL AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U000000745171 05/16/07-80019-006 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **4-25-07** **407/851-1519**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #