2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # L05000046722 1. Entity Name 04-28-2006 90026 004 ****50.00 H₂V. LLC Principal Place of Business Mailing Address 19321 MEREDITH PARKWAY 19321 MEREDITH PARKWAY ORLANDO, FL 32833 ORLANDO, FL 32833 2. Principal Place of Business 735 KEENELAND PIKE 3. Mailing Address <u>735 KEENELAND</u> PIKE Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FFI Number AKE MARY 20-2850173 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NO ITA HRIS VOITA, CHRIS Street Address (P.O. Box Number is Not Acceptable) 19321 MEREDITH PARKWAY ORLANDO, FL 32833 KEENELANN 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. 006 MGRM SIGNATURE (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition DESTREE VOITA NAME NAME 735 KEENELAND PIKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY, FL 32746 ☐ Delete TITLE TITLE MGRM ☐ Change Addition LISA HUTCHINSON 1244 WATERWITCH COVE CIR NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP ORLANDO, FL 32806 MGRM ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME MICHAEL HOPPE 1244 WATERWITCH COVE CIR STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32806 Addition TITLE ☐ Detete TITLE MGRM ☐ Change CHRIS VOITA NAME NAME 735 KEENELAND PIKE STREET ADDRESS STREET ADDRESS CITY-ST-7/2 CITY-ST-ZP LAKE MARY, FL 32746 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠΠF ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED