


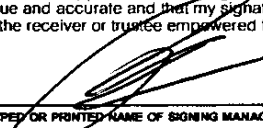
**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90209 013 \*\*\*\*50.00

30011659



<b>DOCUMENT # L05000063805</b>			
1. Entity Name MAH, LLC			
Principal Place of Business 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		Mailing Address 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-3066988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAHNEMANN, ROBERT H 509 ANASTASIA BOULEVARD ST. AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGMA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Hahnemann	NAME	
STREET ADDRESS	509 Anastasia Blvd.	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32080	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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.			
SIGNATURE: 		904-824-9912 7/6/06 member	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

# ATTACHMENT

SUBJECT: MAH, LLC  
Ref. Number: L05000063805

30011659

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

REGISTRATION SECTION                      Letter number: 906A00038797

/vrm

Thanks,

Lee Yarbrough  
Internet Access  
Division of Corporations

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**From:** Bobbi Halyburton [mailto:bobbih@aug.com]  
**Sent:** Wednesday, July 05, 2006 4:08 PM  
**To:** corphelp  
**Subject:** Doc. #s L05000063830 and L05000063805

We have copies of our cancelled checks for the payment of filing Annual Reports for MAH, LLC and JMH, LLC, which cleared our bank on 5/26/06. Today we received notices of intent to dissolve.

Could you look into this and let me know whether or not you did receive the annual reports?

Thank you,

Bobbi Halyburton  
Assistant to Robert H. Hahnemann  
MAH, LLC  
JMH, LLC  
509 Anastasia Blvd.  
St. Augustine, FL 32080  
Phone: 904-824-9912 ext 10

7/6/06

ATTACHMENT

30011659

#L05000063805

Accounts | Bill Pay & e-Bills | Transfer Funds | Business Tools | Investments | Customer Service

Accounts Overview | Account Activity | Account Summary | Find a Transaction

Check Image - Front

Posting Date: 05/26/2006

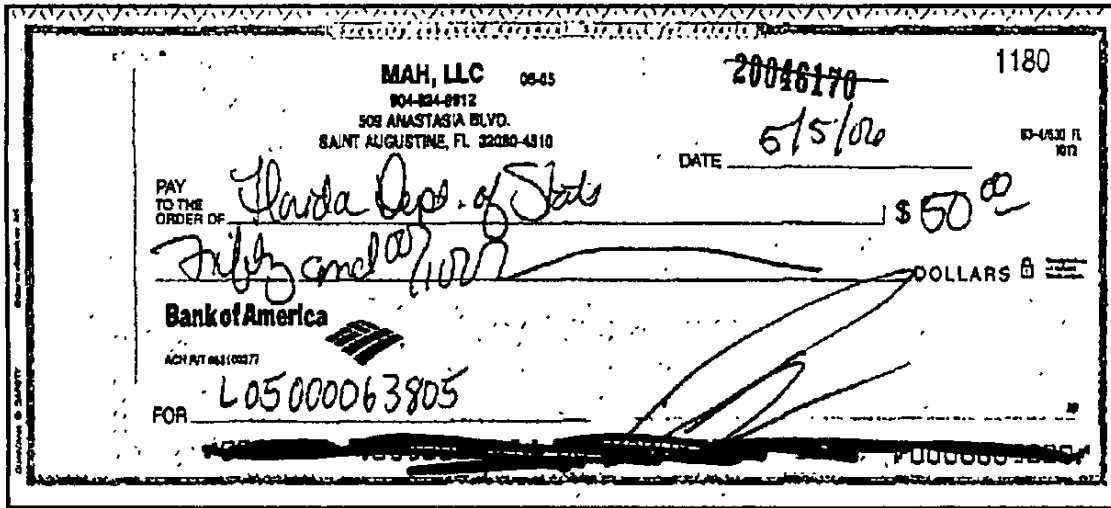
Check #: 1180

Amount: \$50.00

Reference: 86640471196

Account: DDA-2468

Nickname:



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Lower your risk of identity theft  
Because you can control the information you choose to release, you are the single best person to protect your information. Online Banking offers free features that can reduce your risk of identity theft.

Secure Area

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