


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-22-2006 90209 014 \*\*\*\*50.00

<b>DOCUMENT # L05000063830</b>					
<b>1. Entity Name</b> JMH, LLC					
<b>Principal Place of Business</b> 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080			<b>Mailing Address</b> 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>07062006    Chg-LLC    CR2E083 (11/05)</span> <div style="border: 1px solid black; padding: 2px;"> <b>4. FEI Number</b>                          20-3067139                     </div> <div style="border: 1px solid black; padding: 2px;">                         Applied For                          Not Applicable                     </div> </div>					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  HAHNEMANN, ROBERT H 509 ANASTASIA BLVD. ST. AUGUSTINE, FL 32080			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Robert H. Hahnemann 509 Anastasia Blvd. St. Augustine, FL 32080		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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.</b>			Date		
<b>SIGNATURE:</b> _____			Robert H. Hahnemann, Managing Member 7/6/06 904-824-9912		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

ATTACHMENT

38011660

#L05000063830

**Bobbi Halyburton**

**From:** "corphelp" <corphelp@dos.state.fl.us>  
**To:** "Bobbi Halyburton" <bobbih@aug.com>  
**Sent:** Thursday, July 06, 2006 3:19 PM  
**Subject:** RE: Doc. #s L05000063830 and L05000063805

Both reports were returned for corrections in early June. Please reply back confirming the addresses on the letters pated below and we will re-send.

June 2, 2006

JMH, LLC  
509 ANASTASIA BLVD.  
ST. AUGUSTINE, FL 32080

SUBJECT: JMH, LLC  
Ref. Number: L05000063830

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: 006A00038798

/vrm

June 2, 2006

MAH, LLC  
509 ANASTASIA BOULEVARD  
ST. AUGUSTINE, FL 32080

7/6/06

ATTACHMENT

Bank of America Higher Standards

Online Banking

Accounts

Bill Pay & e-Bills

Transfer Funds

Business Tools

Investments

Customer Service

Account Activity

Find a Transaction

## Check Image -- Front

Posting Date: 05/26/2006

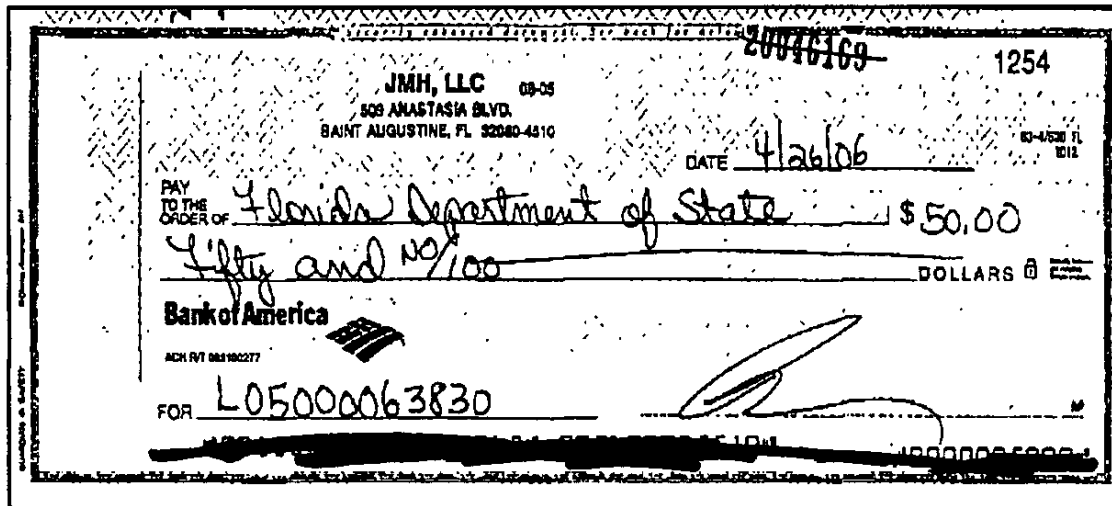
Check #: 1254

Amount: \$50.00

Reference: 86640471197

Account: DDA-2510

Nickname:



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