



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000065675 1. Entity Name ABH, LLC	
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Principal Place of Business 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216 US	Mailing Address 1 SLEIMAN PARKWAY SUITE 270 JACKSONVILLE, FL 32216 US
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DO NOT WRITE IN THIS SPACE



01102007No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3819784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEEKIN, ROBERT A
1 SLEIMAN PARKWAY
SUITE 280
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

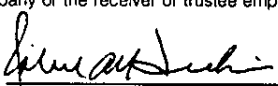
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, ASHLEIGH 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, BONNIE 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, HUNTER 1 SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80136-001 50.00

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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:  Robert A. Heekin **2-26-07** 904-731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #