2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 26, 2007 8:00 am Secretary of State

APLES, FL 34102 APPLES, FL 34103 APPLES, FL 34103 APPLES PRICE Of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc.	DOCUMENT # L05000083313 1. Entity Name H20, LLC					01-26-2007 90079 039 ****55.00				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sults. Apl. #. etc.	Principal Place	e of Business	Mailing Address	<u> </u>				-1-K	210	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, April #, etc. O1082007 Chg-LLC CR2E083 (12/06) City & State Country Zip Country S. Certificate of Status Desired S5.00 Additional Fee Required S5.00 Additional Fee Required S5.00 Additional Fee Required S2.00 Additional Fee	882 7TH AVENUE SOUTH NAPLES, FL 34102			3200 Tamiami trail north, suite 200		2000 5054				
Suite, Apt. #, etc Suite, Apt. #, otc Applied for Not Applicable Zip Country Zip Country S. Certificate of Status Desired S. S. On Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anne 1. Name Name Name Name 32:00 TANMAM TRAIL NORTH, SUITE 200 NAPLES, FL 34 103 Street Address (P.O. Box Number is Not Acceptable) 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, or both, in the State of Florida. I am familiar with, and accept the obligations of fregistered agent ag										
City & State Country Country Country S. Certificate of Status Desired S. Certificate of Status Desired S. Contribution S. Name and Address of Current Registered Agent Name LADEMAN, CARRIE E 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS III. MORM HOBROCK, HEATHER Defice MORM HOBROCK, HEATHER Defice NAME STREET ADDRESS CITY-ST-2P ITIE NAME STREET ADDRESS CITY-ST-2P TITLE	2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under early; that I am a managing member or mans limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.