2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000112119

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SI



FILED

Daytime Phone #

Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90210 045 ****50.00 1. Entity Name RDH HOLDINGS, LLC Principal Place of Business Mailing Address - 4006 2200 FRONT STREET, SUITE 301 2200 FRONT STREET, SUITE 301 MELBOURNE, FL 32901 MELBOURNE, FL 32901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number City & State 20-3809919 Not Applicable \$5.00 Additional Country Zip Country 7in 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRESE, GARY B Street Address (P.O. Box Number is Not Acceptable) 930 S. HARBOR CITY BOULEVARD, SUITE 505 MELBOURNE, FL 32901 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 Signature, typed or printed name of registered agent and trie if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change MGR TITLE TITLE Delete HYNES, RICHARD NAME NAME 2200 FRONT STREET, SUITE 301 STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32901 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition MGR TIFLE Delete TITLE HYNES, DIANE NAME NAME STREET ADDRESS 2200 FRONT STREET, SUITE 301 STREET ADDRESS CITY-ST-78P CITY-ST-ZIP MELBOURNE, FL 32901 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P

11. I hereby certify that the information supplied with this filling 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.

NING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE