2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 26, 2006 8:00 am Secretary of State **DOCUMENT # L05000115776** 05-26-2006 90127 030 ****50.00 ANH ENTERPRISES, LLC Principal Place of Business Mailing Address 8592 W SUNRISE BLVD 8592 W SUNRISE BLVD PLANTATION, FL 33322 PLANTATION, FL 33322 2. Principal Place of Business 3: Malling Accress Suite, Apt. #, etc. Suite, Apt. #, etc. 05152006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Numbe Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LI. YING Street Address (P.O. Box Number is Not Acceptable) 8592 W SUNRISE BLVD PLANTATION, FL 33322 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 Typed or printed line of registeral agent and the halo licate. (NOTE: Registered Agent signature reduced when rensisting): DATE Filing Fee is \$50.00 Make check payable to Due by September 6, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete -**MGRM** HILE Change Addition LI, YING 1141,1 121.5 8592 W SUNRISE BLVD CIRCLE ANDRESS STRUCT ADDRESS CITY-ST-ZIP PLANTATION, FL 33322 CITY-ST-ZIP ☐ Delete THE ■ Addition HILE Change HAME HALAS STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TETALE TITE F ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CHY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP ☐ Defete TITLE IIILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP

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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 execute this report as required by Chapter 608, Florida Statutes