2006 LIMITED LIABILITY COMPANY

Apr 10, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000117807 04-10-2006 90044 010 ****50.00 1. Entity Name AMH, LLC Principal Place of Business Mailing Address ~~~~/117 **3534 SWANS LANDING** 3534 SWANS LANDING LAND-O-LAKES, FL 34639 LAND-O-LAKES, FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-4086754 Not Applicable Zip Country Zip 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 HULL, KURT H 3534 SWANS LANDING * Street Address (P.O. Box Number is Not Acceptable) LAND-O-LAKES, FL 34639 City Zip Code FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition HULL, KURT H NAME NAME STREET ADDRESS 3534 SWANS LANDING STREET ADDRESS LAND-O-LAKES, FL 34639 CITY-ST-7IP CETY-S1-ZIP ☐ Delete TETLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED

FILED