2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000006602 01-26-2007 90078 041 ****50.00 F & H ASSETS, LLC Principal Place of Business Mailing Address 20002984 8163 25TH CT. E. 8163 25TH CT. E. SARASOTA, FL 34243 SARASOTA, FL 34243 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2001 Sargsola Center BIVD Suite, Apt, #, etc. Suite, Apt. #, etc 01162007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For <u>lorida</u> Florida 020010 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 34<u>240</u> US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Fleeman, DAVID. A. Street Address (P.O. Box Number is Not Acceptable) 2221 Sqrasok, Center FLEEMAN, DAVID A 8163 25TH CT. E. SARASOTA, FL 34243 CityQ Baraso ha 8. The above name prentity 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 O<u>uun</u> SIGNATURE (NOTE, Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM Delete TITLE TITLE 🛣 Change ☐ Addition Fleeman, DAVID A FLEEMAN, DAVID A NAME 2221 Samsok center BIVD STREET ADDRESS 8163 25TH CT. E. STREET ADDRESS SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-ZIP Sarasota Fl 34240 ☐ Delete MGRM TITLE TITLE Change ■ Addition Harris, christopher 2001 Sargsota Center BIVD HARRIS, CHRISTOPHER NAME STREET ADDRESS 8163 25TH CT. E. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP Sarasola. Fl. 34240 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

FILED Jan 26, 2007 8:00 am

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ALITHORIZED REPRESENTATIVE