


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90162 005 ****50.00

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| DOCUMENT # L06000036335 |  |
| 1. Entity Name DEH 2006, LLC | |

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| Principal Place of Business 702 WEST REYNOLDS STREET PLANT CITY, FL 33563-4814 | Mailing Address 102 S. EVERS ST., SUITE 103 PLANT CITY, FL 33563 |
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|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # 102 S. Evers Street | 3. Mailing Address |
| Suite, Apt. #, etc. Suite 103 | Suite, Apt. #, etc. |
| City & State Plant City, FL | City & State |
| Zip 33563 | Country US |



04062007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-5198441 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WEISSLER, ROBERT I 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET MIAMI, FL 33130 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David E Hawthorne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #