2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000036335

1. Entity Name DEH 2006, LLC

FILED Feb 29, 2008 08:00 A Secretary of State

Principal Place of Business

102 SOUTH EVERS ST

SUITE 103 PLANT CITY, FL 33563 Mailing Address

102 S. EVERS ST., SUITE 103 PLANT CITY, FL 33563



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Regulard

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISSLER, ROBERT I 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000843719 03/12/08-80006-022 138.75
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM HAWTHORNE, DAVID E 702 WEST REYNOLDS ST PLANT CITY, FL 33563	·	
TITLE NAME STREET ADDRESS			

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Oil & Hathome

2-25-08

913)719-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #