2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L96000000790

1. Entity Name D.A.G.H., L.C.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135

12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135

FILED Apr 24, 2006 08:00 AM **Secretary of State**



04172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-0681173

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HUPRICH, DONALD G 12500 HUNTERS RIDGE DRIVE **BONITA SPRINGS, FL 34135**

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	e named entity submits this statement for the purpose of chang tions of registered agent.	ging its registere	ed office or registered agent, or be	oth, in the State	of Florida. I am familiar w	ith, and accep
SIGNATURE.						<u>.</u>
	Signature, typed or printed name of registered agent and title if applicable.	(NOTC Registered	Agent signature required when reinstating)		DATE	·-
	iling Fee is \$50.00 lue by May 1, 2006			05/05/	000530170 06-80104-018 5	0.00
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MEM		_	_		-
NAME	FOWLER, GAYNELL			:		•
STREET ADDRESS	12500 HUNTERS RIDGE DRIVE	=			•	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135					
TITLE	MEM					
NAME	HUPRICH, DONALD G					
STREET ADDRESS	12500 HUNTERS RIDGE DRIVE					-
CITY-ST-ZIP	BONITA SPRINGS, FL 34135					,
TITLE	MEM				-	
NAME	STREET, HA					
STREET ADDRESS.	12500 HUNTERS RIDGE ORIVE	-				

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11. I hereby certify that the information supplied with this filling does not quality 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 it made under oath, that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C17Y-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BONITA SPRINGS, FL 34135

URE: Amald G. Hyprich Donald G. Hyprich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/06