


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012260</b> 1. Entity Name A & H PROPERTY INVESTMENTS, L.L.C.	
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Principal Place of Business 5838 AUDUBON MANOR BLVD. LITHIA, FL 33547	Mailing Address 5838 AUDUBON MANOR BLVD. LITHIA, FL 33547
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**DO NOT WRITE IN THIS SPACE**



01062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 45-0479748	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LANSKY, GLEN R 137 S. PARSONS AVE. BRANDON, FL 33511
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000776543  
01/09/08-80028-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIDEMORE, TRACIE 5838 AUDUBON MANOR BLVD. LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIDEMORE, TODD 5838 AUDUBON MANOR BLVD. LITHIA, FL 33547
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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:** Todd Prideman 1/6/08 813-643-2777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #