

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2007 MAR 19 PM 3:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L04000044741

1. Entity Name
EH ACQUISITIONS, LLC



Principal Place of Business
**2295 CORPORATE BLVD, STE 222
BOCA RATON, FL 33431**

Mailing Address
**2295 CORPORATE BLVD, STE 222
BOCA RATON, FL 33431**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1472393

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HERRICK, ELAYNE
2295 CORPORATE BLVD, STE 222
BOCA RATON, FL 33431**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**900094859069
03/27/07--01033--016 **110.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERRICK, HOWARD 2 RIDGEDALE AVE., SUITE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRICK, MICHAEL 2 RIDGEDALE AVE., SUITE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRICK, EVAN 2 RIDGEDALE AVE., SUITE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE., SUITE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

Nisar Kermalli Controller of GP 2/16/07

3/2007