

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90185 001 ***287.50

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

30002516



02132008No Chg-LLC

CR2E083 (12/07)

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

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

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 #