

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001478

FILED
Mar 20, 2008
Secretary of State

Entity Name: ENVIRONMENTALLY FRIENDLY HOUSING PARTNERSHIP, LLC

Current Principal Place of Business:

5685 S. HWY A1A
SUITE 6
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

5685 S. HWY A1A
SUITE 6
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 20-8155809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBOGAST, MATTHEW H
5685 S HIGHWAY A1A
SUITE 6
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: DAMIANO, ROBERT
Address: 5685 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGMR () Delete
Name: KUHN, JEFFREY D
Address: 5685 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: MGMR () Delete
Name: HAMILTON, CYNTHIA J
Address: 5685 S. HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT DAMIANO

MGMR

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date