


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90006 014 \*\*\*143.75

**DOCUMENT # L07000002367**

1. Entity Name  
**EH REALTY, LLC**



Principal Place of Business      Mailing Address  
**1155 S. SEMOREAN BLVD. #1120**      **1155 S. SEMOREAN BLVD. #1120**  
**WINTER PARK FL 32792**                      **WINTER PARK FL 32792**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**20-8250300**

Applied For  
No: Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HISS, STEVEN F**  
**1155 S. SEMOREAN BLVD. #1120**  
**WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HISS, STEVEN F</b> <b>1155 S. SEMOREAN BLVD. #1120</b> <b>WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>PETERS, LESLIE</b> <b>1155 S. SEMOREAN BLVD. #1120</b> <b>WINTER PARK FL 32792</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Engineered Homes of Orlando Inc.</b> <b>1155 South Semoran BLVD, Suite 1120</b> <b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Steven F. Hiss*      4-11-08 407-571-4355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #