


FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 AUG 14 PM 2:57

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000006922			
1. Entity Name EEIH INVESTMENT LLC			
Principal Place of Business 3881 N.W. 58TH STREET BOCA RATON, FL 33496		Mailing Address 3881 N.W. 58TH STREET BOCA RATON, FL 33496	
2. Principal Place of Business - No P.O. Box # Cititrust (Switzerland)		3. Mailing Address Cititrust (Switzerland)	
Suite, Apt. #, etc. Reitergasse 9-11		Suite, Apt. #, etc. Reitergasse 9-11	
City & State CH-8002 Zurich		City & State CH-8002 Zurich	
Zip Switzerland		Zip Switzerland	
4. FEI Number 98-0588299		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWICK S.P. 15 ATHOLL CRESCENT EDINBURGH, SCOTLAND, U.K.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
Gordana Djurin SIGNATURE: _____		Authorized Representatives of Jasmina Zivkovic Hawick S.P., its member 8/6/08 41587508631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	