


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 21, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000000756 1. Entity Name E & H, LC	
--	---

Principal Place of Business 8660 PINETREE DRIVE NORTH SEMINOLE, FL 33772	Mailing Address 8660 PINETREE DRIVE NORTH SEMINOLE, FL 33772
--	--

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3624205	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent HARPER, THOMAS E 8660 PINETREE DR., NORTH SEMINOLE, FL 33772	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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARPER, THOMAS E 8660 PINETREE DR. N. SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENRIGHT, JAMES M 3123 JOHNS PKWY CLEARWATER, FL 33769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

110000189365
01/24/05-80093-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas E. Harper THOMAS E. HARPER MGR M 1/10/05 727-396-1242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #