

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 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



01052008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

6. 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 renewing)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARPER, THOMAS E
STREET ADDRESS	8660 PINETREE DR. N.
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	MGRM
NAME	ENRIGHT, JAMES M
STREET ADDRESS	3123 JOHNS PKWY
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849550
03/21/08-80024-025-138.75

**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: Thomas E. Harper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/11/08

DATE

727-398-1242

DAYTIME PHONE #